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Jack Delano, 1941

1989 Annual Report

Texas Department of Human Services

To the Governor

The Honorable William P. Clements
Governor of Texas
Austin, Texas

Dear Governor Clements:

The 1989 Annual Report of the Texas Department of Human Services is an accounting of expenditures and a review of services provided during the fiscal year ending August 31, 1989.

The report describes major developments of the 1989 fiscal year, with charts, graphs and tables reflecting costs, services and people served.

As required by Sections 21.011 and 50.007 and Subsection (a) Sections 34.008 and 42.023, as amended, of the Human Resources Code, the report covers operation and administration of the department and includes the Commissioner of Human Services' recommendations for changes, as well as a review of the department's work in certifying social workers and licensing child-care facilities during the 1989 fiscal year.

We are pleased to submit this summary of the department's 50th year of service and assistance to the people of Texas.

Respectfully submitted,

Texas Board of Human Services

Rob Mosbacher, Chairman

Maurice L. Barksdale, Member

Ida Kern Papert, Member

David Herndon, Member

Louis P. Terrazas, Member

Glenn McMennamy, Member

Ron Lindsey, Commissioner

Contents

Fifty Years of Service 1
- The Texas Department of Human Services: Early Origins 3
- Recollections: The Kerrville Stampede 8
- Key Events in the Department's History 10

Chairman's Message 13

Services to Families and Children 23
- Aid to Families with Dependent Children 25
- AFDC-related Medicaid Services 26
- Employment Services 27
- Recollections: Living Proof of a Job Well Done 29
- Food Stamps 31
- Nutrition Assistance Services 32
- Child Nutrition 33
- Nutrition Education and Training 34
- Food Distribution and Processing 34
- Hunger Initiative 36
- Recollections: Early Lessons in Social Work 37
- Temporary Emergency Assistance 38
- Legalized Aliens Assistance 39
- Energy Assistance 39
- Refugee Assistance 40
- Disaster Relief 41
- Health Screening 42
- Family Health Services 42
- Family Planning 43
- Teen Parent Initiative 45
- Protective Services for Families and Children 46
- Recollections: Beyond the Call of Duty 47
- Child Protective Services 48
- Family Violence 52
- Services to Truants and Runaways 54
- Recollections: Down the Frio River 55
- Children's Trust Fund 56
- Day Care 57
- Licensing 59
- Recollections: The Railroad Baby 61

Services to Aged and Disabled 65
- Adult Protective Services 67
- Long-term Care 69
- Community Care 72
- Recollections: The Day the County Poor Farm Closed 73
- Special Programs for Disabled People 75
- Institutional Care 77
- Client Eligibility 78

Health Care 79
- Purchased Health Services 81
- Recollections: Seeing Eye Dogs and the Fall of Rome 83
- Indigent Health Care 84
- Pharmacy Services 87
- Medical Transportation 88

Administration 89
- Administration 92
- Information Systems 92
- Personnel, Business Services 93
- Recollections: From Hollywood to Human Services 95
- Fraud Control 97
- Advisory Committees 98
- Volunteers 99
- Special Services 99
- Management Initiatives 100

Commissioner's Report 101

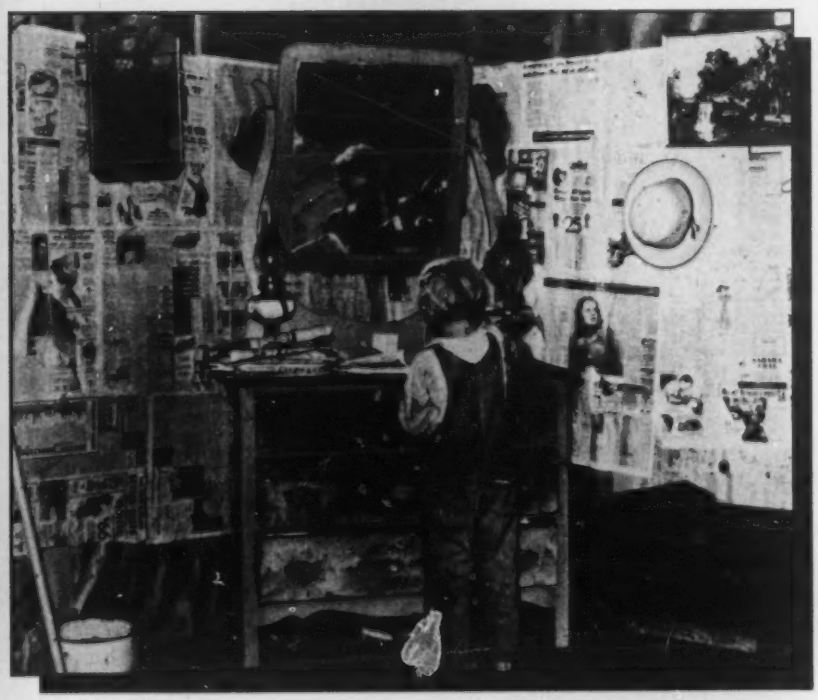
Statistics 107

Marion Post Wolcott, 1938

Fifty Years of Service

The Texas Department of Human Services: Early Origins

From the days of the Texas Republic until the 1930s, the responsibility for helping the needy in Texas rested with the local community. Many communities in frontier Texas were fairly self-sufficient when it came to taking care of their own. But as early as 1873, there were people throughout the United States interested in welfare reform.



Russell Lee, 1938

The Great Depression and its aftermath prompted some important developments in the evolution of public assistance. Out of the desperation of economic disaster arose long-range legislative programs and administrative agencies at all levels of government. For the first time, federal and state governments accepted clear-cut responsibilities for the welfare of the American people. As a result, many emergency programs became permanent functions of government.

The legislation that cemented the federal government's commitment to social services was the Social Security Act of 1935. Although it has been frequently amended and its provisions extended by the states, the law originally provided unemployment insurance, old age assistance and aid to the states in helping orphans, blind people and people with disabilities.

The Texas Legislature recognized the need for centralization by creating several agencies regulated by the Texas Board of Control to oversee new programs, including old age assistance, child welfare, financial relief and education of deaf and blind people. The state became more involved in direct aid when, in 1931, the voters passed what came to be known as "Bread Bonds" to give financial assistance to the poor. The state also established the School Lunch program and other initiatives to feed poor families, using federal agricultural surplus commodities during the 1930s. The commodity distribution program was the forerunner of today's food stamp program.

The availability of federal relief grants from the Reconstruction Finance Corporation in 1932 and 1933 led to the creation of the Texas Relief Commission (TRC) to ensure that the funds were properly distributed. By

early 1934, millions of dollars in direct relief grants and work relief grants were funneled through the TRC. Direct relief went to people who couldn't work. Work relief, directed by county boards, put needy men and women to work building bridges, courthouses, latrines, parks and roads. Some people canned produce from farms and gardens, part of President Franklin Roosevelt's administrative effort to distribute food to the needy.

The government, through county relief boards and the TRC, equipped the canneries and paid workers. Growers provided the produce free, receiving half of the canned goods as compensation. The other half of the canned foods went to poor families. Because of this program, men and women who had been out of work had incomes, the growers had markets and the poor had food.

The state also recognized the importance of meeting the needs of especially vulnerable populations—the elderly and the young. It created the Old Age Assistance Commission (OAAC) in 1936 to administer federal Social Security funds to needy persons age 65 or older.

Services for children were provided through the Child Welfare Division of the Texas Board of Control. The division acted in the interests of illegitimate, delinquent and disabled children; regulated and licensed institutions and agencies; acted as children's advocates in the courts; and promoted general child welfare to the public. Although the division received state funding for staff and travel, services to children were funded by the counties or by private donations. Existing since 1931, the division did not receive federal money until the passage of the Social Security Act in 1935. It began to receive direct state funding for services to children in 1937.

These agencies and programs are the ancestors of the State Department of Public Welfare (DPW), established in 1939. The department accepted responsibility for old age assistance, child welfare and coordination with the federal government and its welfare-related programs. The passage of the Public Welfare Act of 1941 and its amendments over the years have refined the face and functions of the department—now called the Texas Department of Human Services.

Supporting Families and Protecting Children

The first federal legislation on behalf of dependent children established the Children's Bureau of the Department of Labor in 1912 to supervise all programs and legislation concerning children's affairs. Federal involvement expanded in 1933, when the Federal Emergency Relief Administration developed a program supervised by the Social Security Board to aid dependent children.

Texas already had in place the Child Welfare Division of the Texas Board of Control, established in 1931. The division did not give financial aid to dependent children; rather, it focused on aiding state institutions, distributing community information, organizing county child welfare boards, referring cases to local agencies, investigating interstate problems with children's records and making sure that the institutions and homes that cared for impoverished children

were operated according to minimum standards. This latter responsibility marked the beginning of the state's child-care licensing program.

Congress expanded services to children in rural areas and to homeless, dependent and neglected children with passage of the Social Security Act of 1935. The act established the Aid to Families with Dependent Children (AFDC) program and provided funding to the states for developing and administering services.

Russell Lee, 1939

Since the Depression, amendments to the Social Security Act have affected the scope and delivery of AFDC services. Chief among them was the Work Incentive (WIN) program, established in 1967 to provide employment opportunities for mothers of AFDC children. The WIN program was replaced by the Job Opportunities and Basic Skills (JOBS) program established by the Family Support Act of 1988. The new JOBS program will offer a wide range of educational, training and employment services to AFDC recipients.

State legislative actions kept pace with federal program and funding changes over the past half-century. In 1935, the state constitution was amended to provide for aid to the aged, the blind, and dependent children. In 1939, the Legislature created the DPW and transferred the responsibilities of the Division of Child Welfare to the department. In 1941, legislation defined eligibility requirements and provided both tax money and administrative authority for AFDC, Old Age Assistance (OAA) and Aid to the Blind (AB). In 1945, a constitutional amendment increased the limits on the amount the state could spend on AFDC so funding could meet the maximum allowed under the Social Security Administration, beginning a period during which limits were raised regularly.

The Legislature combined all state regulations dealing with families, family relationships and children in need of supervision and created the Texas Family Code, which became effective in 1974. The code held DPW responsible for overseeing adoptions and protecting children from physical abuse and neglect. It also required that all instances of child abuse be reported. Within a year, that action quadrupled the number of reported cases of abuse and neglect. Legislative actions since that time have been aimed at expanding health services and increasing benefits for needy children and their families.

Feeding the Hungry

The beginnings of the modern food stamp program are rooted in the federal Surplus Relief Commodity program, established in 1933 under the authority of the U.S. Department of Agriculture (USDA). The USDA purchased sheep, cattle and goats to keep ranchers from going broke and the poor from going hungry. The program distributed food to schools, institutions and individuals. Although the USDA put up the money to buy the livestock, TRC workers hired and supervised the cowboys, who drove the animals to railheads where they were shipped first to slaughter houses and then to canneries. The meat, along with canned fruits and vegetables, was distributed by TRC from 27 commodity distribution points across the state.

The first federal use of food stamps began in 1939 through a pilot project designed to help farmers by increasing the demand for their products and to feed the underprivileged by providing them with surplus food. The stamps made it possible to use regular commercial markets as the outlets for surplus products. Although the program was short-lived, it allowed the government to test solutions to potential administrative and eligibility problems.

Meanwhile, the commodity distribution program, which decreased substantially during World War II, expanded during the 1950s and early 1960s. States were required to administer the program, so the Legislature established the Commodity Distribution Division of the Department of Public Welfare in 1953. This division administered the commodity program in the state for 20 years.

In 1961, the USDA began a second pilot food stamp program. This larger project, with 43 survey areas in 22 states, improved recipients' diets while stimulating food sales in the retail stores of the test areas. The project continued until 1964 when Congress passed the Food Stamp Act to eventually replace USDA commodity distribution to individuals.

In compliance with the 1973 law requiring all states to participate in the food stamp program, Texas stopped giving commodities to individuals through the Commodity Distribution program. However, commodities are still distributed to authorized institutions.

Caring for the Sick

Health care for the poor also stems from the Social Security Act of 1935, which provided for medical assistance payments directly to elderly people. Texas began using public funds in 1936 to pay for medical care for those covered by its OAA program. Recipients' medical costs were included in the monthly old age assistance payment up to a maximum of $6.

In 1960, Congress sharply increased the amount of federal funds available to the states for medical care programs for recipients of old age assistance. Federal matching funds were increased to 80 percent from 50 percent, based on a state per capita income formula. In 1961, the Texas Legislature allowed state funds to be used to pay for medical care for the aged, and AFDC and Aid to the Permanently and Totally Disabled (APTD) recipients.

The Medicaid program, created by Congress in 1965, extended medical services to needy aged, blind and disabled people and dependent children. The federal government also raised its matching funds as the states' per capita incomes rose.

In 1967, Congress established a set of nursing home licensing regulations and required states to offer five basic services to Medicaid clients, including inpatient care, outpatient care, laboratory and X-ray services, skilled nursing home care and physicians' services.

DPW delegated the responsibility for medical and quality-of-care regulatory functions to the Texas Department of Health in 1977. Two years later, the focus of the state's medical aid to the aged shifted to alternative care services to delay or prevent the institutionalization of elderly Texans.

Over the past decade, health care services have continued to expand to include poor children and pregnant women, as well as some unemployed, income-eligible two-parent families.

Aiding the Elderly and Disabled

In 1974, the federal government began a new program for direct payments to the aged, blind and disabled, replacing the state programs for OAA, AB and APTD. Supplemental Security Income (SSI), created to ensure uniform assistance from state to state, is administered by the Social Security Administration and funded through general federal tax revenues.

Those who are eligible for SSI are also eligible for Medicaid. SSI payment amounts are periodically adjusted by the federal government to reflect increases in the cost of living.

When SSI was implemented, it failed to include allowances for social care, which provided in-home personal needs care for elderly and disabled people in Texas' assistance programs. So this benefit would not be lost, the Legislature in 1974 authorized the creation of three state-administered services to provide social care for SSI recipients. Texas lawmakers initially appropriated $3 million in state dollars, matched three-to-one by federal funds, for adult foster- and day-care services and in-home services. Since 1974, a spectrum of in-home and out-of-home services, as well as protective services and case management services, have been added to the program.

As evidenced by this short history of the Texas Department of Human Services, the agency is a flexible organization. As client needs change, so does the agency's structure for meeting those needs. The importance placed on existing programs may intensify or diminish. New services may be created while others may be eliminated. But the dynamics and the purpose of this agency remain the same: helping vulnerable and needy Texans, with the goal of enabling them to become self-sufficient. ■

Recollections: The Kerrville Stampede

Austin History Center

You've heard about the Dust Bowl during the Depression years. But did you ever hear about the Kerrville Stampede and the department's cattle buying program? It took place in the early 1930s.

The drought was so severe at that time that ranchers throughout the West couldn't feed their cattle and couldn't sell them. There was no market, no money for feed, and the ranchers were desperate. So, in cooperation with the Triple A (Agricultural Adjustment Administration), the BAI (Bureau of Animal Industry), and the Relief Administration, we were appointed as agents to receive the cattle purchased from ranchers in desperate circumstances. We were to ship the cattle to processing plants. Through a rather simple process, though it seemed pretty complicated to me at the time, I was to arrange shipment at the railhead in Kerrville.

It was a unique situation because it was, indeed, a railhead. It was the end of the line from San Antonio. The engine would be unhooked from the train, put on the turntable, and turned around by hand so it could be hooked back up at the head of the train and go back to San Antonio. There were cattle pens there which could hold 200 or 300 head.

Well, it all shaped up into quite an experience. We received guidance from the Triple A and the BAI, and veterinarians were sent out to inspect the cattle. The veterinarians would either condemn the cattle or certify them for shipment.

I had to go out and hire cowboys. I hired one of the best and made him my superintendent at the cow pens—superintendent of the cattle program. Heaven knows, I didn't have any idea how far being a relief administrator was going to go!

The cattle would be driven to us from all around, sometimes from 30 or 40 miles, so they would need a place to spend the night enroute. Automobiles were already hogging the roads so it wasn't easy, even though the roads were not like they are today. We arranged for traps, as they were called, 20- or 30-acre holding pens beside the road where the cattle could be penned up overnight in a fenced area. The traps had water, and the cattle were given hay.

Some of the men from the cattle pen force and I would drive out to see how the cattle were doing and check them over after a day's drive. Through the checkups, scheduling delivery of the cattle, providing hay and feed and controlling the speed of the drive, we tried to prevent the cattle from being completely wasted away by the time they got to the shipping pens.

It was quite a romantic era for all of us. A picture out of the old west. The last of the trail drives. It was quite an adventure.

One particular evening the pens were jammed as full as they could be, and we were

waiting for a train to come up the next day to take a shipment. I had gone to the local movie theater that night. Of course, in a small place like that everybody knows who's in the movie and who's not . . . who's anywhere in town, for that matter. Well, sir, in the middle of the movie, up comes a cowboy and puts his hand on my shoulder.

"Mr. Atlee, we've got to talk to you! We've had a stompeed."

That's what he said; that's what they called it.

"And, Mr. Atlee, they're all over town!"

Well, we went out there and what had happened took a little time to find out. The cattle had been in the pens, and they were restless. The cowboys got them quieted down. They would actually sing to the cattle and talk soothingly to them to get them quieted.

Across the railroad tracks, about 100 yards away, there was an old diesel electric power plant. I think it was the first electric power in Kerrville. That old engine went pump . . . pump . . . pump . . . pump . . . pump as regular as clockwork. The cattle had been in that pen for a day or two, or longer, and they were used to it. And then that engine stopped!

Can't you just see that old lead bull in there getting up and saying, "Girls, what's that!" They all got up at once and started milling, and they broke right through those corral fences. Broke out. You could see horns broken off, and broken boards and debris all over the ground.

The cowboys got their horses and rounded the cattle up from all over town. They got them out of people's rose gardens and front yards and drove them out of the town to an open area where they held them the rest of the night and until we could rebuild the corral. We got an emergency authorization for more timber and went to work. We tripled the size of those pens because they weren't big enough.

The cattle were shipped to animal processing plants, where the BAI had arranged to have them slaughtered and canned for surplus commodities to help in the total relief effort. The cattle that were canned were edible, good meat. The ones that didn't pass inspection were destroyed.

The condemned animals were skinned, and the hides had to be delivered to us so we could account for every animal that was purchased. Although I talk about cattle, it wasn't just cattle. We had sheep and Angora goats. The sheep and goat ranchers were in distress, too.

A cattle hide, a goat pelt or a sheepskin—I had to learn the terminology. We had a big warehouse full of hides, and because we were hiring people on relief, we had a job there for a man to be in charge of hides. I wouldn't have the job, no one I knew would have it, but the man working with all those raw hides, said, "Mr. Atlee, it was pretty bad the first day, but it doesn't bother me a bit now. I can sit right here and enjoy my apple and never notice it. Doesn't bother me a bit."

Those hides were just as green as they could be!

We shipped the hides by the carloads to Wisconsin or Minnesota—someplace where they were made into jackets. Mrs. Roosevelt wanted to settle Alaska by getting volunteers who would move up there. They had the idea of making those hides into jackets that could be given to the volunteers. And that certainly didn't hurt our project any. ■

James Atlee, Marble Falls

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Key Events in the Department's History

1931 Child Welfare Division of the Board of Control was established by the Texas Legislature.

1932 First relief funds were distributed in Texas. Federal funds were provided by the Reconstruction Finance Corporation and distributed by chambers of commerce.

1933 Texas Relief Commission was created by executive order to take over distribution of relief funds. Constitutional amendment authorized the use of state funds for relief purposes and $20 million in "Bread Bonds" were issued.

1935 Federal Social Security Act became effective. In accordance with its provisions, assistance programs were later established to be state and federally funded. Amendment to Texas Constitution authorized payment of Old Age Assistance grants.

1936 First Old Age Assistance grant was made in Texas. Constitutional amendment authorized Aid to the Blind and Aid to Dependent Children (ADC). Maximum monthly grant to blind recipient was $15 in state funds. Maximum monthly grant for each ADC child was $8 in state funds.

1937 $1.5 million constitutional ceiling placed on state funds for ADC.

1939 The State Department of Public Welfare was created. The department absorbed the duties and responsibilities of three former state agencies under the direction of the state Board of Control—the Old Age Assistance Commission, the Texas Relief Commission and the Child Welfare Division.

1941 The Public Welfare Act of 1941 was passed.

1945 $35 million ceiling was placed on all assistance programs, excluding aid to the disabled.

1953 Voters raised the ceiling from $35 million to $42 million for all programs, excluding the disabled. Department was given responsibility for state's commodities program.

1956 Constitutional amendment provided Aid to Disabled program a ceiling of $1.5 million in state funds.

1957 Voters raised the ceiling for all programs from $42 million to $47 million.

1958 Constitutional amendment created the Medical Assistance Program. (Texas Legislature authorized the program in 1961.)

1961 Voters raised the ceiling from $47 million to $52 million for aid to the blind, to children and to the aged. Ceiling on state funds for the disabled was raised from $1.5 million to $2 million.

1962 First medical assistance payments were made.

1963 Voters raised the ceiling on assistance programs from $52 million to $60 million, including the disabled.

1965 Department tested first food stamp program.

1967 Medical Assistance Act provided for state administration of Medicaid. Work Incentive program (WIN) established by federal legislation.

1969 Voters raised the ceiling from $60 million to $80 million for all four assistance programs.

1971 Funds were appropriated to implement the Vendor Drug program.

1972 Statewide, federally financed food stamp program, authorized by the Texas Legislature, was initiated.

1973 Department reorganized into three functional areas, each headed by a deputy commissioner. Food stamp implementation was completed in all Texas counties. Department began a family planning program and health screening for children.

1974 Adult financial assistance programs were transferred to Supplemental Security Income. An investigation division was formed to probe welfare fraud. Department assumed responsibilities for child support enforcement.

1975 Federal regulations on social services changed eligibility requirements and reorganized the social services offered by the department. Statewide campaign for the prevention of child abuse and neglect was launched.

1976 Forums to protect and enhance children's rights were held around the state as a special bicentennial project. New minimum standards for licensed child care went into effect.

1977 A blue-ribbon Medicaid task force made numerous recommendations to improve Medicaid services and keep costs low. The department's name was changed to Texas Department of Human Resources.

1980 Department was reorganized along lines which correspond to the two major client groups served—Families and Children and Aged and Disabled Persons.

1981 Voters created a flexible ceiling for welfare funding, not to exceed 1 percent of the state's budget.

1983 Child Support Enforcement was transferred to the Attorney General's Office. Aid to Families with Dependent Children received its first grant increase since 1969.

1984 Medicaid eligibility was expanded to cover the additional low-income groups of pregnant women and children in two-parent families.

1985 The department's name changed to Texas Department of Human Services. Medically Needy program was implemented with funds allocated by the Texas Legislature through the Indigent Health Care and Treatment Act. Children's Trust Fund of Texas was created.

1987 National nursing home care reforms passed by U.S. Congress. The Texas Legislature added definitions of child abuse and neglect to the Texas Family Code and added a penalty provision in the Human Resources Code for failure to report abuse, neglect or exploitation of elderly or disabled people.

1988 The federal Medicare Catastrophic Coverage Act of 1988 expanded eligibility and services under the Medicare and Medicaid programs. Congress passed the Family Support Act of 1988, known as welfare reform, requiring expansions in Medicaid, day-care services, AFDC benefits and employment services. AFDC Employment Services program was renamed REFOCUS and redesigned to emphasize client training and education as paths to self-sufficiency. Two studies of Child Protective Services policies and procedures were completed.

1989 Medicaid coverage expanded to cover low-income pregnant women and children up to age 2. Texas lawmakers raised the nursing home and community care income eligibility cap from $715 to $1,104 a month. The Texas Board of Human Services expanded from three to six members at the direction of the Texas Legislature.

Russell Lee. 1939

Chairman's Message

Chairman's Message

An adage tells us that "If you always do what you've always done, you'll always get what you've always got." That's a clever reminder that if we continue to repeat our actions, we will continue to arrive at the same results. It also implies that if we want something different, we need to change the way we do things.

It sounds simple. It is simple. The problem is that we often become so engrossed in keeping the wheels turning that we forget to look back to see how far we've come or to look forward to see where we want to go. With no clear picture of the past and no vision for the future, it's difficult even to measure where we are.

It's appropriate that fiscal year 1989 marks the department's 50th anniversary because we have spent much of the year measuring where we are. We've been looking at how we've done things in the past and planning new ways of achieving better results in the future.

We plan to focus greater emphasis on targeting department resources on those people whom we can help the most. We will stress coordination not only among departments and agencies of state government, but also between our department and the private sector. We will seek more creative ways of leveraging state tax dollars to maximize available federal dollars, and we will attempt to recognize the limits of what our department can do by recruiting an additional army of volunteers to assist us in carrying out our mission.

We hope to develop more coherent and continuous forms of care for individuals, families and children. We must continue to stress self-sufficiency, independence and personal dignity. Most of our clients want to be productive members of society. We must redouble our efforts to encourage productivity and discourage dependence.

In those efforts, we have been fortunate to have the insights and expertise of five new members of the Texas Board of Human Services. Gov. Bill Clements appointed Maurice Lee Barksdale of Arlington, David Herndon of Austin, Glenn McMennamy of Amarillo, Ida Kern Papert of Dallas and Louis P. Terrazas of San Antonio to serve on the expanded, six-member board.

The board, the staff and I have been taking a close look at a variety of new initiatives. And we have been fine-tuning the many programs already in place.

The REFOCUS program, formerly called Refocused Employment Services, was implemented in three regions as a test project last fiscal year and expanded to three more regions this fiscal year. Its goal is to help Aid to Families with Dependent Children (AFDC) clients find the training and education they need to get jobs that will lead to independence from welfare.

REFOCUS targets clients based on their employment potential. Clients who should be able to get a job within six months without the department's help are referred to placement agencies such as the Texas Employment Commission. Others

who need long-term basic education and extensive support services are referred to community resources.

REFOCUS zeroes in on those who can best benefit from the case management process, in which staff and clients devise plans to move clients into jobs within a year. Clients are active partners in discovering employment goals and deciding how to reach them. This new way of working with clients is less structured, more intensive and slower-paced.

Our experience over the past two fiscal years highlighted the need for additional support services. Transportation—or the lack of it—is proving to be a significant obstacle for clients in meeting their goals. Day care is also often unavailable where and when clients need it.

We discovered that many clients needed basic remedial education and literacy classes before they could get into skills training or GED classes, so it may be unrealistic to expect most clients to enter employment at the end of 12 months. We identified the need for assessment of clients' reading comprehension and mathematics skills, so the Adult Basic Learning Examination was added to the REFOCUS program, as was a series of workshops called "Survival Skills for Women" to help AFDC mothers overcome low self-esteem and learn to take charge of their lives.

A cooperative program between the department and the private sector was tested in the Houston Region. Called Texas Works Together, it matches volunteer mentors with AFDC clients in the REFOCUS program. The mentors provide friendship, support and advice that can help welfare mothers achieve their goals of independence.

The REFOCUS program and its ancillary activities set the stage for implementation of the Job Opportunity and Basic Skills (JOBS) program under the Family Support Act of 1988, the federal legislation mandating welfare reform. The JOBS program, which will replace the current Work Incentive (WIN) program, requires states to offer such activities as high school or equivalent education, remedial education to achieve a basic level of literacy, education for people with limited English proficiency, job skills training, job readiness, job development and job placement.

The federal legislation also requires states to provide two of the following activities: group and individual job search; on-the-job training; wage supplementation or grant diversion; or community work experience, known as "workfare."

Under the new law, Texas will be required to furnish AFDC benefits to two-parent families when the principle wage earner is unemployed. With some exceptions, one of the parents must participate in on-the-job training, wage supplementation or a community work experience program. Although states may limit AFDC benefits to six months out of 12 months, continuous Medicaid coverage must be provided for all family members.

To smooth the transition from welfare dependency to independence, the new law requires states to provide JOBS participants with one year of child-care assistance and one year of continued family Medicaid eligibility after they obtain jobs and leave the welfare rolls.

Because we had begun to implement the REFOCUS program, Texas will be able to implement JOBS as early as July 1, 1990. States are not

required to do so until Oct. 1, 1990. We also requested and received a federal waiver that allowed Texas to get a head start on welfare reform in several regions. This fiscal year, we began offering AFDC clients transitional Medicaid and day-care services for a full year after they take jobs.

Russell Lee, 1949

In addition to welfare reform legislation, some of the provisions of the federal Medicare Catastrophic Coverage Act of 1988, which expanded eligibility and services under the Medicare and Medicaid programs, were phased in this year. One provision of the act expanded Medicaid services to additional elderly and disabled people. As of Jan. 1, 1989, the department is required to pay all Medicare out-of-pocket expenses, such as Medicare premiums, deductibles and coinsurance, for Medicare-enrolled elderly and disabled people with incomes at 85 percent of the poverty level. That limit will be raised to 90 percent of the poverty level in 1990, 95 percent in 1991, and 100 percent in 1992. The new requirement added 17,895 eligible people to the Medicare beneficiary program in fiscal year 1989, with an estimated 40,643 people expected to be eligible for the program next fiscal year.

The federal catastrophic coverage act also requires states to phase in Medicaid health care by July 1, 1990, to all pregnant women and infants up to age 1 with incomes below 100 percent of the poverty level. Effective Sept. 1 1988, however, the Texas Board of Human Services, based on recommendations made by the Select Committee on Medicaid and Family Services, expanded services to pregnant women and children up to age 2 with incomes below 100 percent of the poverty level. That action brought the department into compliance with the federal mandate almost two years early.

This expansion gives us an opportunity to provide health care services to people who have not been served under Medicaid in the past. Virtually all poor pregnant women should have access to prenatal care, which will have immediate and long-range economic benefits for the state. When women get prenatal care, babies' birth weights go up, children's IQs go up, school success goes up,

dropout rates go down and crime goes down. Prenatal care and pediatric care are investments in the future.

In other legislative action, Congress passed the Hunger Prevention Act of 1988; cut funds for the Low Income Home Energy Assistance Program; extended for two years the targeted jobs tax credit for employers who hire economically disadvantaged youths, disabled people, welfare recipients and others; and extended funding for a federal program that helps purchase a life-prolonging drug for AIDS patients who cannot afford the costly medication.

Anticipating the need for increased funding to meet federal law changes, the 71st Texas Legislature voted unprecedented increases in aid to the state's needy. Legislators appropriated $3.2 billion in state dollars for the 1990–91 biennium, which, when added to federal funds for the same period, brought the department's total appropriation to $8.3 billion. Legislators approved the use of a portion of that appropriation to fund a staff expansion of more than 3,000 additional employees to be hired by the department over the next two years. Most of the new positions are required to comply with federally mandated changes in welfare, family and health care programs. Other new positions were funded as part of an expansion of child protection and income assistance programs.

Lawmakers extended AFDC grants to include eligible, two-parent families beginning in October 1990 in compliance with the federal welfare reform requirements. They also set aside $23 million in state tax dollars to raise the income eligibility cap for Medicaid assistance for pregnant women and infants from 100 percent of the poverty level to 130 percent. Children up to age 4 will be covered beginning Sept. 1, 1989, and children up to age 6 will be covered beginning Sept. 1, 1990. The appropriation will not only serve as a preventive measure to avoid more expensive health care problems in the future, but will also generate federal dollars on an approximate 60/40 federal-state match. The increase will help us serve an estimated 43,000 additional low-income, pregnant women and their babies during the next two years.

State lawmakers also raised the income cap for people seeking help to pay for nursing home or community care services from $735 a month to $1,104 a month. The increase is expected to enable almost 6,385 more people a month to receive nursing home care and another 11,295 people to receive community care services. Because the community care and nursing home caps were increased to the same level, elderly and disabled people will have the opportunity to choose whether they want to go into a nursing home or stay in their own homes longer.

An additional $25.4 million was allocated for increasing foster-care payments up to 82 percent of the median costs of care. And more than $6 million was budgeted for family planning services—enough to reach an additional 50,500 women a year.

In other action, legislators ordered a partial restoration of the 10 percent reduction in service reimbursements that hospitals and other health care providers suffered during the 1986 budget cuts and passed legislation that will pay for medication and insurance for indigent AIDS patients. The lawmakers also adopted an initiative that would increase funds

available to hospitals providing a disproportionate share of indigent health care. The addition of local funds to existing state appropriations will allow Texas to match its approximately $28 million with $47 million federal dollars. As a result, Medicaid disproportionate share hospitals are expected to get $75 million during the 1990–91 biennium.

The Texas Board of Human Services also took several actions to help improve and increase the availability of health care services. After a great deal of preparation by department staff, the board approved the implementation of a case-mix payment system for nursing home services. The new system provides financial incentives for improved patient care by paying nursing homes more for patients who require more care. Patients are now classified into 11 different groups, based on individual assessments of their conditions and service needs, and payment rates vary according to their needs. Previously, nursing homes were paid a flat rate according to each patient's assessed level-of-care. And there were only two payment categories—intermediate care and skilled nursing care. We believe this is an important step in promoting the quality of patient care in our nursing home program.

The board also authorized implementation of the Medicaid swing-bed program early next fiscal year. Under the program, authorized rural hospitals with fewer than 100 beds may offer nursing home care, thereby increasing the availability of such care to residents of rural communities.

The board also approved the use of Medicaid funds, beginning next fiscal year, to cover influenza and pneumonia immunizations for eligible elderly people, nursing home residents, severely disabled people and people with chronic diseases or weakened immune systems. And the board directed department staff to contract for hospice services to Medicaid recipients who are terminally ill. Services include medical care, dietitian services, medications and bereavement counseling for patients and their families.

In addition to health care services, child-care issues, particularly the protection of children from abuse and neglect, continued to be a major focus this year. In an effort to measure our effectiveness in protecting children, the board last fiscal year authorized an independent review of the department's child protective services (CPS) program.

The study, completed in August 1988, was conducted by the American

Association for Protecting Children (AAPC), a children's issues organization affiliated with the American Humane Association. What these experts found is that Texas, like most other states, is struggling with the problem of child abuse and neglect.

Dorothea Lange, 1936

Reported cases of child abuse increased 119 percent in Texas from 1976 to 1986, but the size of the CPS staff increased by only 3 percent. The study revealed that the department's child protective services program, like other states', experiences problems because of uncertainty about definitions of child abuse and neglect, increases in the volume of reports, inconsistency in the structure and management of intake, variations in the qualifications and training levels of staff, limitations in the availability of service resources and the extent to which policy supports good practice. In short, many of the problems identified in the study are common to other states. But that is certainly no consolation to the child victims.

Fortunately, the AAPC study set out a blueprint, in the form of 72 recommendations, for building an exceptional child protective services system in Texas. Their recommendations ranged from revising policy and providing specialized staff training to establishing interagency agreements and organizing regional child fatality review teams.

Throughout the study, the experts confirmed our belief that an effective attack on child abuse and neglect can only be waged with the combined forces of the community. As we worked this fiscal year to implement many of the recommendations, it became more and more evident that this is true—we cannot hope to effectively address the problems alone.

So, to involve Texas communities in finding solutions to the problems of child abuse and neglect, we conducted a series of forums in 15 cities across the state. The format of each forum was the same. Participants broke into work groups to develop action plans to address the needs of children in the local community. They not only identified specific steps to take but also the people committed to taking those steps.

It was a heartening experience. Those who participated learned that there are no easy answers. We con-

firmed once more that there are people in communities all over the state who are able and willing to help us find answers—for the children.

The first round of forums included medium to large urban areas. We plan to hold community meetings for all counties that have child welfare boards. The experience was so positive that we hope to hold a similar series of forums on services for elderly Texans next fiscal year.

In our process of reviewing and assessing the status of several program areas in the agency, we also asked for a comprehensive review of the department's structure and organization as a whole. Those measurements included two management studies and an employee attitude survey. The management studies, the first in 12 years, will give us the opportunity to review what we do well and what we can do better.

The first study, carried out by the Governor's Operational Audit Team, examined the department's support functions in the central office and the regions, with the exception of most computer operations. The team was made up of individuals from other state agencies and the private sector.

The second study was conducted by the management consulting firm of Touche Ross and Co., which was selected from a field of seven firms that competed for the contract. The firm reviewed administrative structure, computer operations in both the central office and the regions, and the operational aspects of two program areas—Child Protective Services and Income Assistance Services. The results of both studies will be released early in fiscal year 1990, as will results of the employee attitude survey.

That survey's objectives were to give employees an opportunity to comment on organizational policies, practices and the quality of work life at the department and to give management staff an increased awareness of how employees perceive their jobs.

We plan to use the study and survey results to make decisions on how the department delivers services and how resources and personnel are allocated.

And we plan to continue looking at our agency and the services we provide with fresh eyes. We can no longer "do what we've always done"—the new federal legislation assures that; the increased state funding promises that.

Our 50th year as a department has been a pivotal one. We have reviewed our past, cognizant of the fact that by being aware of what has gone before, we increase our choices for the future. We have assessed where we are now, with the help of independent studies and internal surveys. And we have charted a new course of independence for our clients, of prevention as a focus for our services, of innovation for developing new strategies, and of cooperation as a means of accomplishing our goals.

As we conclude half a century of service to the state's neediest citizens, we look forward with confidence and anticipation to the future.

Rob Mosbacher, Chairman
Texas Board of Human Services

Russell Lee, 1939

Services to Families and Children

Services to Families and Children

Concern for the safety and development of children is one of the oldest features of society. Throughout history, governments have attempted an assortment of programs, including orphanages, apprenticeships, foster care and others.

Most of today's services, however, began in the 20th century and have been expanded to include the families of vulnerable children. Services now include financial and nutritional assistance as well as health care, employment and protective programs.

Arthur Rothstein, 1937

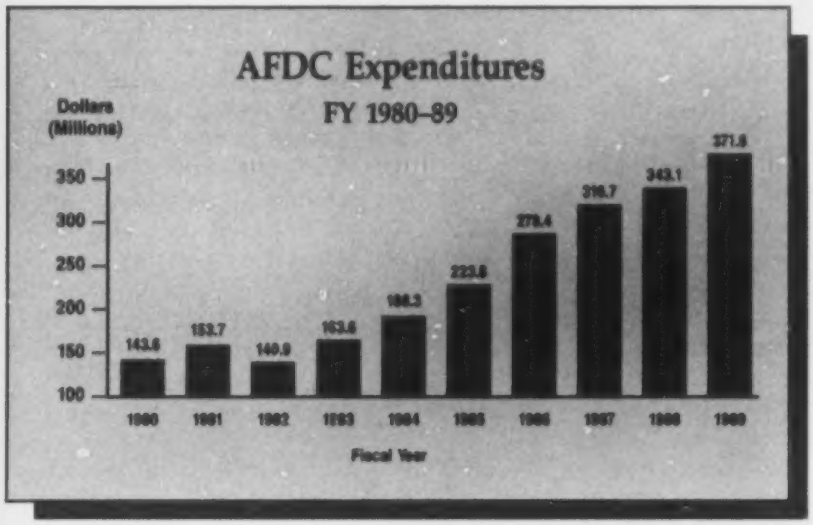
Aid to Families with Dependent Children

The Aid to Families with Dependent Children (AFDC) program was authorized in 1935 by the Social Security Act. The act provided funds to states for administering services to homeless, dependent and neglected children.

In 1967, the direction of the AFDC program changed when federal law required states to develop programs for each member of the AFDC household, not just for the children. Chief among the programs was the Work Incentive (WIN) program, which provided employment opportunities for parents of AFDC children.

The direction changed again last year when Congress passed welfare reform legislation aimed at helping AFDC families become self-sufficient. Some of the key changes of that legislation include:

- allowing 12 months of Medicaid and day-care services to AFDC recipients who become ineligible because of increased earnings;
- replacing the WIN program with a Job Opportunities and Basic Skills (JOBS) program to offer a wide range of educational, training and employment services to recipients; and
- mandating an AFDC Unemployed Parent (AFDC-UP) program, which



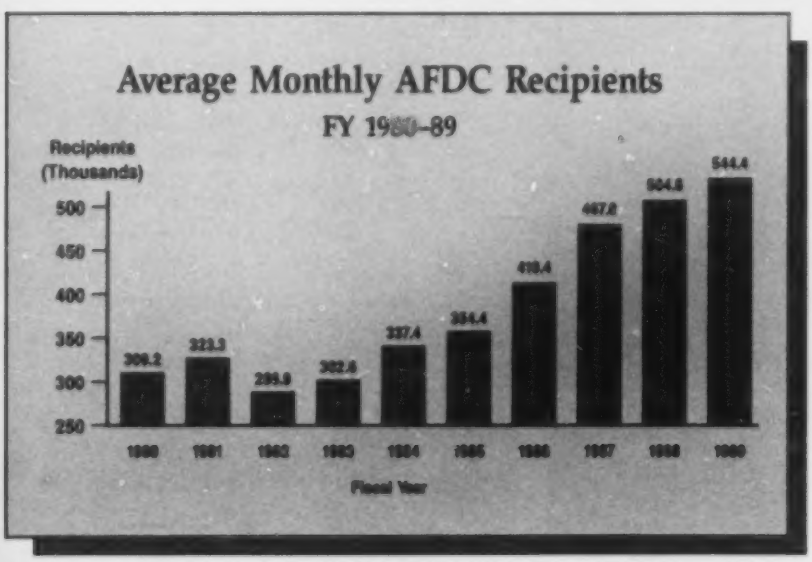
will provide benefits to families in need because the breadwinner is unemployed.

Although states are not required to implement the changes until 1990, DHS implemented some of the legislation early this fiscal year.

To qualify for AFDC, a recipient must have needy children and less than $1,000 in assets, excluding a home and one car valued at less than $1,500. The average AFDC family, a mother and two children, can have a net income of no more than $184 per month.

AFDC families receive financial and medical assistance. Twenty-five years ago, the average grant amount was $17.92 a month per recipient. Today, the average grant amount is $57 a month per recipient. At the current payment level, with food stamps and Medicaid added in, the average AFDC child lives in a home with resources equal to 74 percent of the federal poverty level for a family of three.

Twenty-five years ago, an average of 88,640 Texans received AFDC each month. During fiscal year 1989, an average of 544,409 children and their parents received AFDC each month, an increase of 7.9 percent from fiscal year 1988. Total AFDC payments rose from $343.1 million to $371.8 million.



AFDC-related Medicaid Services

AFDC-related Medicaid programs began in 1984 with the passage of the 1984 Deficit Reduction Act. Since then, the programs have continued to expand because of increasing awareness at the state and federal levels of the need to improve access to medical services.

Many low-income families who do not qualify for AFDC still need help getting adequate health care. DHS administers Medicaid programs for children and pregnant women who are ineligible for AFDC, caretakers and second parents of deprived children, and certain aliens who meet all requirements except citizenship.

In September 1989, state legislation allowed the department to increase

the income limit to provide Medicaid coverage to more people. As a result, department staff project that 54,446 more people per month will be eligible for Medicaid.

In fiscal year 1989, AFDC-related Medicaid programs provided coverage to an average of 684,957 recipients per month as compared to 557,214 the previous year. The total cost increased from $82.4 million to $97.9 million.

State legislation requires DHS to implement a Presumptive Eligibility (PE) program Sept. 1, 1989. PE provides temporary Medicaid coverage to pregnant women whose incomes do not exceed the Medicaid limit. The intent of PE is to provide the earliest possible access to prenatal care by providing immediate, short-term Medicaid eligibility while the formal Medicaid application is being processed. Although PE does not pay for labor and delivery, other Medicaid programs for pregnant women do. In 1982, the department paid for the delivery of 20,618 babies. In 1989, DHS paid for 70,000 deliveries.

Russell Lee, 1939

Employment Services

The 1967 federal legislation establishing the WIN program was aimed at placing as many people as possible in employment, using long-term training and in-depth service intervention. Income assistance workers referred appropriate recipients to WIN through the Texas Employment Commission (TEC). A Separate Administrative Unit (SAU) of DHS was responsible for providing social services needed for participation.

Regulatory changes in 1972 and 1976 significantly redirected the program toward less extensive services and established highly structured procedures for program operations and service delivery. The primary goal and objective of WIN was shifted to direct placement and on-the-job training. With these changes, the responsibility for registering recipients was transferred from Income Assistance Services to Employment Services.

In 1982, Texas began the WIN demonstration program as authorized by the Omnibus Budget Reconciliation Act of 1981. The purpose was to allow state welfare agencies to have sole administration of WIN functions to tie the AFDC work requirements more closely to the receipt of public assistance benefits.

During the first two years of the WIN demonstration program, most functions were contracted back to TEC. Later, DHS began an AFDC

employment search program (ESP) in conjunction with the WIN demonstration program. Under ESP, the department's regional offices decided how employment programs would be operated, and program design and service strategies varied widely. There was no statewide emphasis on referrals to education or training programs. Emphasis was placed on immediate job entry with little service intervention.

Walker Evans, 1936

In response to internal assessments by staff and recidivism studies performed for DHS by the University of Texas, a workgroup consisting of regional and state office staff began redesigning the employment services program in January 1987. The new program, called REFOCUS, was piloted in the Beaumont, Houston and San Antonio regions in the spring of 1988. Due to the success of the pilot, statewide implementation began with the Arlington, El Paso/Midland and Paris regions in early calendar year 1989. The remaining four regions begin implementation in early fiscal year 1990. REFOCUS emphasizes the recipient's responsibility to seek and accept employment and stresses assessment of employment potential to make the best use of education, training and placement resources.

In anticipation of welfare reform legislation, the REFOCUS design included establishing client target groups according to the level of services needed from family support staff. Those with recent work experience who need few services are given information and referral for job placement or job assistance. Those needing long-term basic or remedial education or extensive support services are referred to programs and service organizations in their communities. The department's case management services are given to those needing limited services to be able to enter employment in about one year. Because of the REFOCUS efforts, the Family Support Act of 1988 JOBS program will be implemented in Texas on July 1, 1990. REFOCUS will help provide a smooth transition into JOBS, which also emphasizes assessment and a case management approach for planning and goal setting for clients in need of training and education.

Recollections: Living Proof of a Job Well Done

Three Jump, 1936

I received a lot of satisfaction seeing children of people I helped grow up to be important and contributing members of society.

The editor of a daily newspaper in a North Texas town was the child of an AFDC family. One of my supervisors, Paul Coleman, handled the case. He got the boy a job throwing newspapers—a difficult job for youngsters to get in those days.

When the boy grew up, he went to college and then to work for the Associated Press. He worked in West Texas and then came back later as editor of a chain newspaper. He put some of his personal investments in this chain, and now he is the major owner of the newspaper where he is the editor.

I got another fellow a job at the A&P. He commuted from here, went through North Texas State University and twice was editor of the university newspaper. The last I heard of him was some 15 or 20 years ago. He was in Oklahoma and had won a scholarship to Harvard as the best union reporter.

Those people were outstanding. But anybody who makes it and becomes a reliable, well-adjusted, self-sustaining citizen is important. This idea that being on welfare is a cycle, and that it's a cycle that's not broken, is just not so. I saw very few cases where the next generation was also on welfare. Apparently, being in that kind of circumstance is pretty much motivation to get out. ■

Kenneth Chambers, McKinney

Arthur Rothstein, 1937

The Family Support Act also requires that transitional services be provided to clients beginning April 1, 1990. The transitional services include Medicaid and child day care for 12 months after a recipient has found a job and no longer receives AFDC benefits. On April 1, 1989, the department began piloting the same transitional benefits in four REFOCUS regions and will begin statewide implementation in 1990.

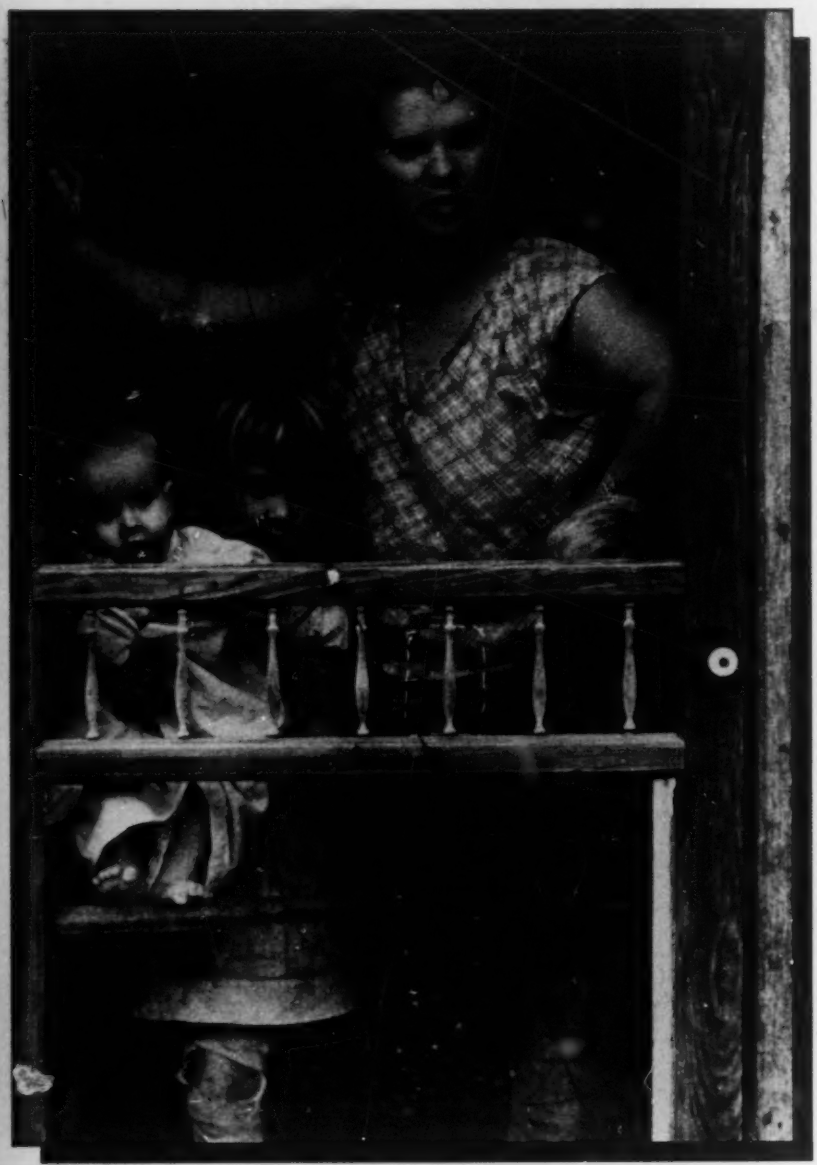
In addition to these programs, the AFDC-UP program will be implemented on Oct. 1, 1990. This program will allow two-parent families to receive AFDC benefits for six months if the principal wage earner has been recently unemployed. AFDC benefits will be limited to six months for these families, but continuous Medicaid coverage for all family members is required for up to 12 months.

The department also participated in the Food Stamp Job Search program beginning in 1983. Food stamp recipients who were required to look for employment were referred to TEC for job search. In April 1987, DHS began administering the Food Stamp Employment and Training program authorized by the Food Security Act of 1985 as amended by the Hunger Prevention Act of 1988. The department contracts with TEC in 49 counties to provide job assessment and placement services to food stamp work registrants who do not also receive AFDC. In five counties, TEC screens and refers registrants to job search training provided under contract with Job Training Partnership Act administrative entities.

Because the REFOCUS case management process is a much more comprehensive process than the previous employment services programs and due to the transition period during which REFOCUS was implemented, the placement rate for the pilot period was lower than in previous years. In fiscal year 1989 there were 19,616 job placements compared to 25,083 in fiscal year 1988. The Food Stamp Employment and Training program resulted in 32,280 job entries in fiscal year 1989 as compared to 21,672 in fiscal year 1988. Overall, the department spent $10.8 million this fiscal year on employment services as compared to $9.2 million in fiscal year 1988.

Food Stamps

Food assistance programs began as a method for distributing surplus farm commodities to the needy. The primary purpose was to help farmers rather than poor people.

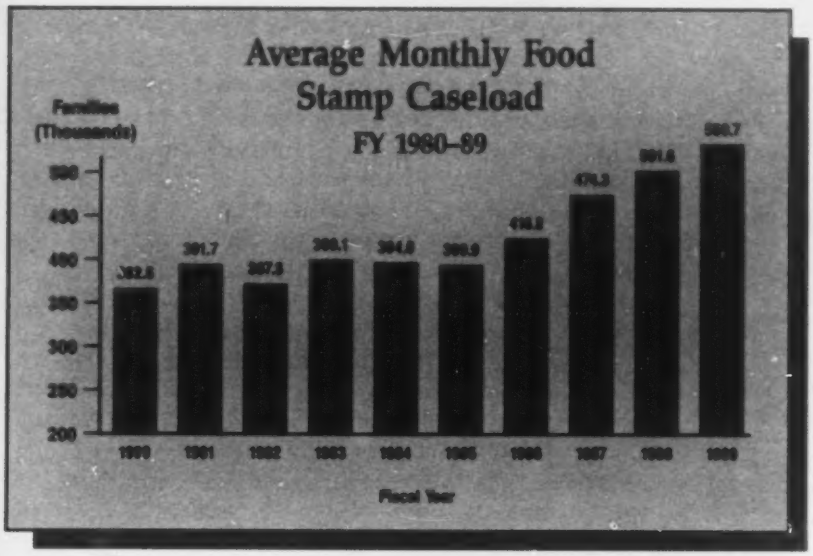


Theo Jung, 1935

In 1964, the Food Stamp Act formally established the food stamp program. At that time, recipients were required to purchase food stamps; for example, a recipient might pay $100 for $300 worth of food stamps for the household. The purchase requirement was removed in 1978 because many recipients had difficulty getting money to purchase the food stamps.

Today, the food stamp program helps supplement the diets of people with low incomes. The program serves two-parent households as well as elderly people and single adults. To be eligible for food stamps, the people living in a household must have combined incomes below 130 percent of federally established poverty levels and countable resources of less than $2,000. Households with a member age 60 or older cannot have countable resources of more than $3,000. The value of a home and its surrounding property and up to $4,500 of the value of a vehicle are not counted as household resources. Department staff determine a recipient's food stamp allotment based on the number of people living in the household and their incomes after allowable deductions.

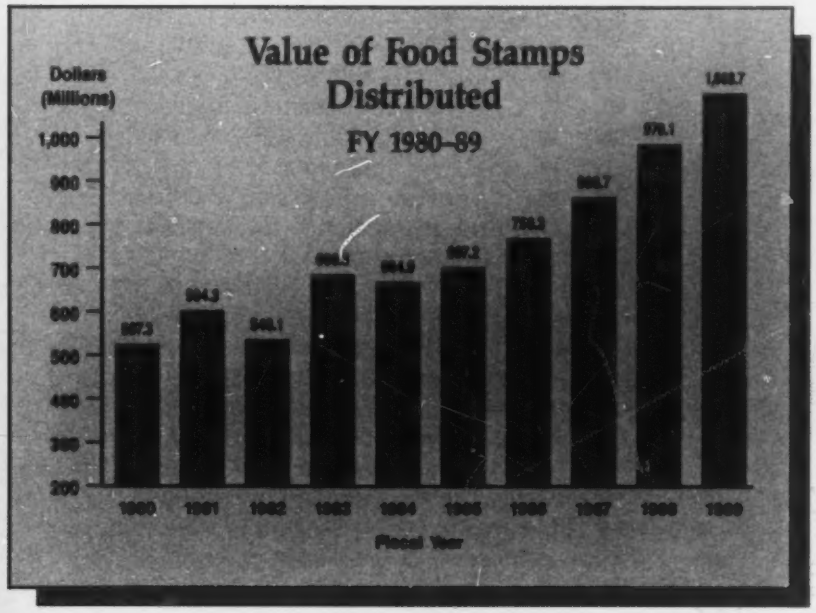
Last year, Congress passed the Hunger Prevention Act of 1988, which increased food stamp allotments and dependent care deductions. To improve client access to services, DHS simplified the food stamp application process by reducing the number of forms to be completed. In response to a lawsuit settlement, the department expanded services to help clients complete the application process by providing a list of verification sources and assisting clients in completing the forms. In the future, there will probably be a greater emphasis on employment and training programs, as well



as a continued emphasis on client services.

The number of Texans receiving benefits continued to increase. In fiscal year 1989 an average of 1.63 million people received food stamps each month as compared to 1.56 million the previous year. The total value of food stamp benefits increased from $970.1 million in fiscal year 1988 to $1.1 billion in fiscal year 1989. The average monthly allotment this fiscal year was $54.81 per person as compared with $51.73 last fiscal year.

The automated food stamp benefit program continued to provide benefits to elderly and disabled Supplemental Security Income (SSI) recipients without requiring them to go to a local office for a redetermination of eligibility.



Nutrition Assistance Services

In 1953, the 53rd Texas Legislature created the Surplus Commodity program and designated the Texas Department of Public Welfare as the sole agency to receive and distribute commodities made available by the Food and Nutrition Services of the U.S. Department of Agriculture (USDA). In response, the department established the Commodity Distribution Division to distribute commodities to Texas counties to provide supplemental food for their indigent citizens.

Over time, the Commodity Distribution Division expanded into the Food Services Programs Branch, composed of eight federally funded programs. These food services programs help feed low-income children and families, elderly and disabled people, and disaster victims by allocating food to certain agencies and reimbursing other institutions for providing nutritious meals to eligible recipients.

In fiscal year 1989, the Food Services Programs Branch changed its name to Nutrition Assistance Services (NAS) to more accurately reflect the benefits provided by this branch of the agency.

Child Nutrition

DHS has been administering the federal Child Care Food program since 1978. Through this program, the department contracted with 381 child-care facilities and family day home sponsors to provide meals and snacks to low-income children this fiscal year. Participants were reimbursed $47.2 million for feeding 82,237 children as compared to $38 million for feeding 71,000 children in fiscal year 1988.

A new component of the program implemented this year is the Adult Day Care provision, which reimburses certain adult day-care centers for feeding two daily meals and a snack to elderly or disabled people. Seventeen centers applied for participation for an approximate annual expenditure of $400,000. Although Congress recently approved serving a fourth daily meal to children in child-care facilities, limited federal funding excludes family day homes and adult day-care centers from reimbursement.

Russell Lee, 1947

The federal Summer Food Service program began in 1978 to feed children who were eligible for free and reduced-price meals during the regular school year. In the past, units of local government sponsored the program but this year, through a pilot project and outreach efforts of the Texas Association of Community Action Agencies (TACAA), private, non-profit organizations were encouraged to apply for sponsorship. As a result, participation increased by more than 14,200 children at 98 additional sites. Contractors were reimbursed approximately $7.1 million for feeding more than 61,700 children. The cooperative agreement with TACAA has been extended for another year with a financial grant from the Texas Department of Community Affairs. Emphasis will be placed on increasing participation in existing contracts as well as expanding the number of contracts.

Through the National School Lunch, School Breakfast and Special Milk programs, which DHS has been administering since 1983, the department contracts with private schools and residential child-care centers to serve meals and milk to children. This fiscal year, more than 45,700 children were served through the National School Lunch and Breakfast programs, a 9 percent increase over last fiscal year. Schools, institutions and summer camps in the Special Milk program provided needy children with approximately 1 million half-pints of milk. Reimbursements for all three school nutrition programs totaled $7.4 million.

The USDA was authorized $5.2 million to implement a federal review system to ensure schools' accountability in the National School Lunch program. This review, although federal, requires states to follow-up with corrective action and collect overclaims.

Nutrition Education and Training

DHS began administering the Nutrition Education and Training program (NET) in 1982. Through workshops, a lending library and instructional materials, NET provides training in nutrition and food service management as well as nutrition education activities for schools and child-care institutions to improve children's nutritional status. This fiscal year, 1,920 participants representing 336,000 children attended 113 workshops conducted by NET staff. NET's lending library served 312 patrons and circulated approximately 2,331 materials. Program staff routinely evaluate NET activities to compile information about program successes, identify areas for improvement and determine strategic directions for program improvement. Staff also make presentations nationwide so others may benefit from their evaluation results. In October 1988, one such presentation, "What's on the Menu at the Child-care Center," received national publicity with a lead article in *USA Today* and a spot on Cable News Network.

U.S. Navy, 1969

Although the major issue affecting NET last fiscal year was its potential elimination, Congress this year is proposing to incrementally increase national NET funding from its current $5 million level to $25 million by 1992 or 1993. Should this occur, NET staff will develop plans to increase services to NET clients.

Food Distribution and Processing

Since 1953, DHS has been contracting with warehousemen to deliver USDA-donated commodities to eligible recipients including schools, charitable institutions, jails and summer camps through the Food Distribution program. This fiscal year, 1,266 schools, the most common recipient of donated commodities, received 110 million pounds of food and food products valued at more than $69 million to serve 1.8 million

children each day. In addition, the Hunger Prevention Act of 1988 required states to give priority to institutions that feed the homeless when allocating commodities to soup kitchens and food pantries. Consequently, 6.4 million pounds of donated food, valued at more than $3.2 million, were distributed to soup kitchens and similar facilities.

This year, DHS, in cooperation with the Texas Department on Aging, participated in the USDA Commodity Demonstration Project. The project's purpose was to determine the feasibility of using USDA-donated commodities in congregate feeding sites for elderly people. As part of the project, 12 area agencies served more than 5.7 million meals to 21,000 elderly Texans. This 1.5 million pounds of food was valued at more than $960,000. Although the project was originally scheduled to end in fiscal year 1989, it has been extended indefinitely.

Through this fiscal year, the Food Distribution program was partially funded by user fees assessed against the recipient agencies. NAS recently was authorized to transfer $1.3 million in federal funds that accrued to, but was not used by, the Texas Education Agency to administer food distribution to schools.

Because of the federal government's reduction of dairy herds in fiscal year 1987, the large surpluses of processed cheese, cheddar cheese and non-fat dry milk have been depleted. Although these products were available to commodity programs, in March 1989 the demand became greater than product availability. The limited supply of these dairy products will undoubtedly have a significant impact on the menu plans and food services budgets of schools and other recipient agencies.

Schools participating in the National School Lunch program also benefit from the Food Processing component of the Food Distribution program. Through the Food Processing program, DHS contracts with food processing companies to process hard-to-use and abundant commodities into products that schools can use.

This year DHS staff began on-site reviews of processing operations and products as a result of new federal regulations. Processing during the 1989-90 school year is expected to be severely limited because of the lack of available cheese.

During the winter of 1981, a number of staff pitched in to give away warehouses full of cheese. This cooperative effort marked the department's initial participation in the federal Temporary Emergency Food Assistance Program (TEFAP). Through TEFAP, the department contracts with organizations that can store and distribute supplemental food to low-income or unemployed families. In fiscal year 1989, about 400,000 Texas families received 33 million pounds of donated food valued at $20 million. Donated food included butter, flour, cornmeal, peanut butter, canned pork, vegetarian beans, honey, egg mix and raisins.

Fiscal year 1990 is the last year of TEFAP funding under its current congressional authorization. Because of the drought and limited surplus dairy products, the availability and variety of TEFAP foods have decreased dramatically. Abundant commodities, such as butter, flour and cornmeal, are not as desirable to recipients as foods such as peanut butter and canned pork. These foods, however, have been in short supply and were not available to all recipients each month. Uncertainties about available

food have had an effect on program participation. Since 1987, the quantity of food available through TEFAP has declined 57 percent, and client participation has declined 39 percent. The future of the program is uncertain; whether Congress will reauthorize the program remains to be seen.

Hunger Initiative

The Hunger Initiative focuses on increasing available food assistance to low-income people by helping local communities develop food resources where none exist and by developing local networks to coordinate existing food resources. Mandated by the Omnibus Hunger Act of 1985, the program has been operating for three years.

Russell Lee, 1936

Local networks are composed of non-profit agencies such as food banks, United Way, Salvation Army, Red Cross and Community Action Agencies; government agencies at the national, state and local levels; local churches operating food pantries and shelters; coalitions of emergency service providers; and corporations. The networks identify unmet needs in the community, inventory and catalog existing resources, update resource directories for improved referral, reduce duplication of services through increased communication, develop resources to fill gaps in services and provide increased community outreach.

As a result of this initiative, transportation was developed in Lubbock to help needy people get to the food bank; training programs were developed in Dallas to improve referral to existing programs, and computerized tracking systems were set up to provide a case management approach to services in the community; food stamp outreach in the Houston area increased awareness and participation in the program; and a Second Harvest affiliate food bank was established in El Paso. In the Rio Grande Valley, a soup kitchen was started; the area food bank became an affiliate of the National Second Harvest food bank network, which tremendously expanded available resources; and emergency feeding was coordinated for thousands of Central Americans entering the Valley seeking asylum.

The Hunger Initiative works to change the image of DHS from a large, uncaring bureaucracy to a sensitive, enthusiastic partner willing to work with the private sector to improve services to needy people throughout the state. As a result of those endeavors, more than 200,000 families are being served by the organizations in local networks.

Recollections: Early Lessons in Social Work

Dorothea Lange, 1936

I guess I was always in social work. The only time I ever stole anything in my life was when, as a child, I took some groceries for a family camped under a tree. They had a baby wrapped in a very dirty blanket. I was going to the swimming pool—which was actually a creek—and passed by and stopped to talk with the family.

My father had a grocery store. I could go in and get anything I wanted from the store any time. The manager of the store thought I was going on a picnic and needed something. He would give me what I asked for, and I'd take things to the family.

I decided I had better take the baby some things, so I took a new, clean, white blanket from my mother's home.

Every day I would go see them, and the mother would let me hold the baby. But I began taking so much out of the store that the manager mentioned it to my father. Daddy wanted to know what I was doing, since he knew I wasn't taking the items home, and some things, like shortening, wouldn't go on picnics. He asked me about it, and I told him. I said I wanted to see them, so he decided to go with me.

I guess it was then that I learned my first lesson in social work. The mother denied me. She said, "I didn't want that kid hanging around here and bringing all this food down here."

My dad was very sympathetic with the family and very sympathetic with me, too. Because he knew I was trying to help them, he said, "Sis, until people are able to ask for help, you will never be able to help them."

"But she asked me," I said. "She told me that they needed this and that."

Then dad said, "Well, when you help people, you can expect some rejection."

He taught me a lot.

That was in Jasper, about 1926. ■

Gladys Hampton, Nacogdoches

Temporary Emergency Assistance

The Temporary Emergency Relief Program (TERP) was established by the 68th Legislature effective Sept. 1, 1983. The 69th Legislature established the Emergency Nutrition program (EN) as a separately funded component of TERP effective Sept. 1, 1985. Effective Sept. 1, 1987, the 70th Legislature abolished the separate funding for emergency nutrition and amended and reauthorized the program.

Dorothea Lange, 1937

The purpose of the relief program is to help local governments and non-profit service organizations meet the needs of people who are homeless or without other necessities of basic existence. Food, housing, clothing, utility costs and other assistance are provided through the Emergency Nutrition and Temporary Emergency Relief Program to people who find themselves suddenly unemployed or in some other type of crisis situation.

Services are provided through local contractors who offer short-term emergency assistance to needy people. Contractors may provide services directly to clients, or they may purchase the services using purchase vouchers and sub-contracts. They are not allowed to make cash payments to clients.

Local contractors include county governments, local units of government and private, non-profit corporations. Only one contract is awarded in each county, and it is offered first to the county government.

The department allocates a minimum of $1,000 to a maximum of $100,000 to each county, based on the county's unemployment and poverty rates. If funds allocated for a particular county are not spent or matched, the funds may be transferred to another county. Local contractors must match state general revenue funds on a 50-50 basis.

The local contractor for each county determines the scope, frequency and duration of services and sets client eligibility criteria. However, contractors may not decide, based on income, to deny services to anyone whose family income is at or below 75 percent of the federal poverty guidelines.

During the fiscal year, local contractors in 248 Texas counties provided temporary emergency assistance to more than 130,896 people at an estimated cost of $1.2 million.

The Oil Overcharge Restitutionary Act, established by the 70th Legislature, provided additional funding to ENTERP effective Sept. 1, 1987. The funding was made available to states as a result of petroleum overcharge litigation concerning overpricing of crude oil and refined petroleum products during the 1973–81 period of mandatory federal price controls.

Oil overcharge funds of $2.5 million for fiscal years 1988 and 1989 were added to the program to help needy people with utility expenses. Assistance includes payment of utility bills; purchase of petroleum heating products; purchase of cord wood, coal, blankets and coats; and repair of heating and cooling appliances.

Contractors in 169 counties provided assistance with oil overcharge funds to more than 65,532 people. The

Russell Lee, 1939

funds must be matched locally on a 50-50 basis. Priority is given to recently unemployed people and people who do not qualify for other income assistance programs.

Legalized Aliens Assistance

The Immigration Reform Control Act of 1986 established the State Legalization Impact Assistance Grant (SLIAG) to help defray the financial impact on state and local governments for providing health, public assistance and educational services to eligible legalized aliens. The department is reimbursed 100 percent by the federal SLIAG grant for state and local funds spent to serve eligible legalized aliens through Title 19 health care services, Title 20 family planning services, vendor drug services, county indigent health care services, the ENTERP and oil overcharge programs and city or county public assistance agencies. The department received about $.8 million in SLIAG reimbursements for fiscal year 1989.

Energy Assistance

The first federally funded energy assistance program was authorized in 1973. Since that time, the program has gone through numerous revisions on both federal and state levels.

The current Low Income Home Energy Assistance Program is one of seven block grants. This funding mechanism affords states maximum flexibility in designing programs to meet the individual needs of each state. Funding each fiscal year has ranged from $52.6 million to the current $31.3 million.

In winter 1989, about 354,500 households received benefits. The summer component, contracted to

Russell Lee, 1939

cies, was funded to serve about 50,000 households.

Because of the drastic decrease in funding, DHS will establish a centralized eligibility and determination unit in fiscal year 1990. The categorical processing for food stamp, AFDC and SSI cases will be handled as in the past, but eligibility determination for income eligible cases will be handled by temporary eligibility staff in the state office rather than in each region. This concept will significantly reduce the administrative costs of operating the income eligible component of the program while expanding geographic coverage and simplifying access for elderly and disabled people.

Funding from this block grant is used in the Weatherization program, Energy Crisis program, Title 20 Social Services and the Home Energy Assistance program.

Refugee Assistance

The Indochina Migrations and Refugee Assistance Act of 1975 established the Indochinese Refugee Assistance Program (IRAP) to address the needs of Vietnamese and Cambodians displaced by the war. In 1976, Laotians were included in the program. Between 1976 and 1980, the IRAP program expired every year and was renewed by temporary resolutions. In 1980, the U.S. Congress passed the Refugee Act, which established an ongoing program for refugees of all nationalities. Under this act, the Department of Health and Human Services provides 100 percent federal funding to states for cash, medical and social services for refugees. Approximately 100,000 refugees have settled in Texas since 1975.

Refugee cash and medical assistance is limited to the first 12 months of U.S. residency. The program also reimburses the state share of AFDC costs for refugees during their first 24 months of U.S. residency. An average of 765 clients per month received financial and medical services at an estimated cost of $1.7 million this fiscal year.

Refugee Social Services provides job training, job placement and English as a Second Language classes to help refugees enter the economic mainstream. Social services contractors provided approximately 21,000 services at a cost of $4.2 million in fiscal year 1989.

As part of contracted refugee social services, Unaccompanied Refugee

Minor services are operated under a contract with Catholic Counseling Services of Dallas. The contract provides foster care and other child welfare services to children designated eligible through the national program.

The Targeted Assistance program is a separately funded project that provides additional employment services in Harris County and contiguous counties based on the high percentage of refugees located in that area.

Two Community Stability projects, one in Dallas and one in Beaumont, provide services to families to increase their social adjustment and standard of living.

Ben Shahn, 1935

Disaster Relief

Since Congress established the Individual and Family Grant program in 1974, the department has provided more than $73 million of assistance to more than 36,000 victims of floods, hurricanes, tornadoes and other disasters. The grant program has helped victims of 26 presidentially declared disasters in Texas by providing cash grants after all avenues of assistance, such as insurance or federal disaster loans, are exhausted. This fiscal year, Congress increased the maximum grant available to an individual or family from $5,000 to $10,000. The grants are funded by 75 percent federal dollars and 25 percent state dollars.

Fiscal year 1989 was an active one, beginning with Hurricane Gilbert in September 1988; flooding in six Northeast Texas counties in March 1989; the May through June floods and tornadoes in 87 counties; and Tropical Storm Allison in late June. The department approved more than 8,080 applications from these storms and provided more than $16.5 million in assistance payments. The number of applications approved was 19 times greater than during fiscal year 1988, and expenditures were 18 times greater.

In addition to the increase in the maximum grant, the federal program established two new procedures. Disaster victims may now call a teleregistration system, a 1-800 number, to apply for assistance rather than traveling to an application center. And through a federal-state automation partnership, the grant program and the Federal Emergency Management Agency are hooked up on a local area computer network in the disaster field office for increased communication.

Health Screening

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program became law in January 1968 as an amendment to the Social Security Act. As the single state agency for Texas Medicaid services, the department implemented this preventive medical and dental health care program in 1972 under a contract with the Texas Department of Health to provide medical screening and dental treatment for Medicaid recipients under age 21. DHS expanded the provider base in 1980 to include other health care providers such as physicians, hospital outpatient services, health clinics and other approved providers.

Russell Lee, 1949

EPSDT medical screening exams include laboratory services and immunizations. Dental screening and treatment includes preventive, therapeutic, orthodontic and emergency services. Orthodontics for severe handicapping malocclusions were added May 1, 1988.

During this fiscal year, 109,004 medical screenings and 140,992 dental services were provided to eligible children. Costs for the EPSDT services were almost $23.6 million in fiscal year 1989, an increase from the $18.2 million spent in fiscal year 1988.

Future program directions will include initiatives to reduce infant mortality and morbidity, bring more infants into health supervision earlier, improve interagency coordination of children's health service delivery systems and expand programs through the matching of federal Medicaid funds with other state funding sources that provide services to Medicaid-eligible children.

Family Health Services

The Family Health Services Program (FHSP), formerly the Recipient Health Care Education Program, was implemented in March 1976 in response to the recognized need to control medical costs. Originally, the program enrolled AFDC families to improve their awareness of health needs, educate them about what to do about health problems and help them enter the mainstream of medical care.

In 1984, automated processing procedures were implemented so regional FHSP nurses could select AFDC clients, particularly Medicaid-eligible teen-age mothers 17 and younger, who needed health care education and possible family planning counseling. Through 1988, the automated process was enhanced to

provide earlier identification of pregnant teen-agers from the Children and Pregnant Women and the Medically Needy categories to improve their access to health care education and prenatal care services. To provide counseling to a greater number of clients, group counseling was implemented during this time.

Currently, FHSP staff provide individual and group health care counseling and educational sessions to Medicaid clients on appropriate use of health resources and Medicaid benefits, family planning services, preventive health care and social services resources. FHSP is coordinating with REFOCUS workers to help clients who have health care needs that require a FHSP professional nurse intervention.

FHSP staff also consult with providers of services about Medicaid inquiries, client use or misuse of health care services and DHS services. They consult with and train other DHS staff on health care information and the health care system, help recruit EPSDT providers and serve as liaisons with other agencies and community resources.

In fiscal year 1989, group counseling sessions were increased for Medicaid clients, and about 570 group presentations were made. Regional nurses provided about 17,799 health care education services to Medicaid clients, providers, department staff and other agencies. The cost of the program was about $606,192. Comparatively, in fiscal year 1988, regional nurses provided approximately 18,336 health care education services at a cost of $604,650. The nursing shortage, coupled with inadequate travel funds, prevented FHSP nurses from providing services to all counties within their regions.

Family Planning

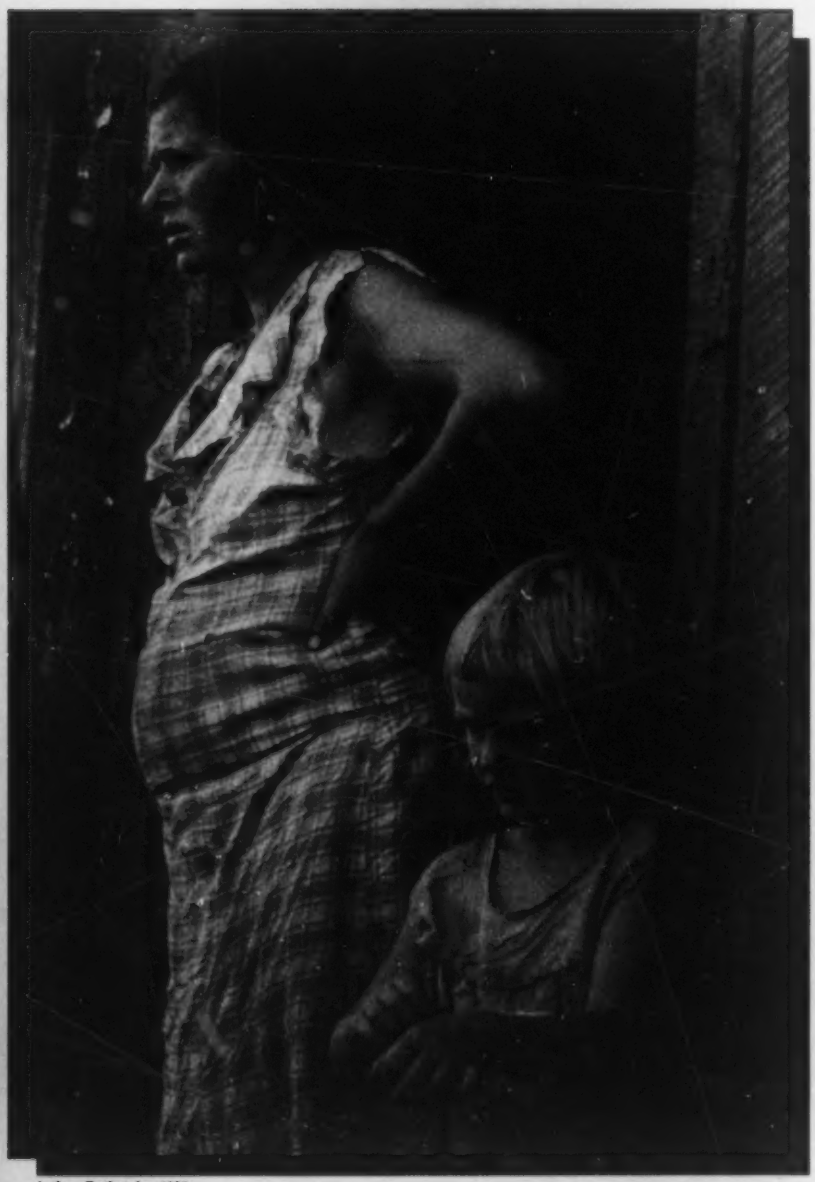
Beginning in 1969, federal regulations required DHS direct-delivery workers to discuss family planning services with clients and refer those who request birth control services to family planning resources in the community. In 1972, the Social Security Act mandated that each state provide family planning services to reduce and prevent births out of wedlock. It also required that clients be offered and promptly provided family planning services upon request. A state's AFDC funding may be penalized for failure to comply.

The Texas family planning services were implemented in 1973 through purchased provider services. In 1981, the Genetic Services program was implemented with federal approval.

Over the next seven years, the department targeted services to adolescents at high risk of becoming teen-age parents; developed cooperative and coordinated efforts with the Texas Department of Health (TDH); and participated in an Interagency Advisory Council for Genetic Services to coordinate statewide services in a cost-effective manner.

Last fiscal year, because of limited Title 20 funding for family planning and the severe problem of unintended pregnancies in Texas, the board placed the Family Planning and Genetic Services program and the Teen Parent Initiative program in a separate special project for one year. The project was to study, develop and implement short-term and long-term initiatives to address the problem of unintended pregnancies, especially among adolescents. Among the accomplishments of the project, which was completed this fiscal year,

were increased reimbursement rates for intrauterine devices, sterilizations and family planning services to adequately cover family planning agency costs, specialized family planning training for direct delivery staff and creation of a Joint Family Planning Interagency Advisory Council for DHS and TDH.



Arthur Rothstein, 1935

In April, the Family Planning and Genetic Services program was returned to the Family Support Services Branch in support of the department's welfare reform efforts to promote client self-sufficiency and employment.

The department contracts with 78 family planning agencies with more than 350 clinic sites that receive both Title 19 and 20 funds. Additionally, about 11,000 private physicians are certified to provide Title 19 family planning. There are also 12 genetic services contractors.

For each $1 spent on Title 19 family planning services, the state can save an estimated $5 in first-year welfare costs. Each $1 spent on Title 20 family planning services can save $4 in first-year welfare costs.

In fiscal year 1989, the department provided family planning services to more than 313,500 eligible people.

For fiscal year 1990, the DHS board approved an increase of $3.55 million to serve an anticipated additional 38,400 Title 20 clients. In spite of such efforts, large proportions of those in need are not being reached.

Teen-age pregnancy in Texas continues to be a problem of extreme proportions. Texas has ranked third among the states in the highest rate of pregnancies to girls ages 15 to 19, and Texas has the highest number of births to girls ages 14 and younger. In calendar year 1988, 21,600 babies, or 48 percent of all babies born to Texas teens, were born out of wedlock. Approximately 53 percent of AFDC-dependent children in Texas received benefits because their parents were not married.

In fiscal year 1989, Title 19 paid an estimated $112.6 million for about 75,000 births. About 30 percent of these deliveries were to mothers youn-

Paul Carter, 1936

ger than age 20. Additionally, newborn-care claims cost $116.5 million.

About 440 clients received Title 19 genetic services to help them make sound, informed reproductive decisions. Genetic services were provided at a cost of $196,900, or an average cost per client of $205.

In fiscal year 1989, an estimated 99,000 pregnancies (or 47,500 births) were averted through DHS family planning services. Some birth defects would have occurred in an estimated 7 percent of these births. By averting 47,500 births, the department saved an estimated $161 million in additional first-year AFDC, food stamp and Medicaid benefit costs. Without Title 20 family planning services, approximately 28.1 percent of income eligible women would become Medicaid and AFDC recipients due to the birth of a child.

Teen Parent Initiative

In 1985, DHS implemented the Teen Parent Initiative to develop community-based, comprehensive service programs for pregnant and parenting teens. In 1987, the 70th Texas Legislature designated DHS as the coordinating agency for school-age pregnancy prevention and intervention programs and information. This expanded the department's role to include collecting information on school-age pregnancy prevention and intervention programs, serving as a statewide school-age pregnancy information clearinghouse and establishing an interagency advisory committee, the Adolescent Pregnancy and Parenthood Advisory Committee (APPAC). APPAC is made up of state agencies and private sector groups to advise the board and the department on school-age pregnancy issues.

The 71st Legislature changed the APPAC name from committee to advisory council; rotated the chair annually among DHS, TDH and the Texas Education Agency (TEA); added the responsibility of advising the TDH and TEA boards on school-age pregnancy issues; and mandated a report of the council's recommendations concerning teen-age pregnancy prevention to relevant state agencies and each regular session of the legislature. APPAC is currently developing a report, *Long-range Action Plan for Serving At-risk Pregnant and Parenting Teens.*

Last fiscal year, the School-age Pregnancy and Prevention Clearinghouse (SAPPC) developed a statewide resource directory of more than 150 community programs and networks that address issues and problems of school-age pregnancy. The directory was updated this fiscal year to include about 40 percent new programs and increases in services and programs provided by state agencies and organizations. *School-age Pregnancy in Texas: A Report to the 71st Legislature* was produced and disseminated to legislators and other interested parties. The clearinghouse also produced *Teen Birth Data and Statistics in 254 Texas Counties,* which displays pertinent 1987 teen birth data elements by county.

SAPPC distributed about 4,500 copies of clearinghouse-produced documents. Clearinghouse staff also produced a quarterly newsletter with a circulation to 3,000 coordinators in every Texas school district, agricultural extension agents, health care professionals, national and state organizations, teen parent service providers, state agencies, legislators and other interested parties.

Special project funds were made available to the regions to contract with community-based organizations for small, time-limited projects to address various aspects of the issue of teen-age pregnancy and parenthood. Collectively, these projects are called Community Initiative Development (CID) projects because their purpose is to give local communities the opportunity to try innovative ways of preventing or reducing some of the negative consequences of teen pregnancy.

The Teen Parent Initiative self-support demonstration project for pregnant and parenting teens in El Paso, called Project Redirection, completed its fourth year of operation. TPI services in Houston were provided through contracts with the Baylor College of Medicine and Neighborhood Centers Inc.

During fiscal year 1989, the projects served a total of 1,863 pregnant and parenting teens, and 10 CID projects were implemented. Total costs of the demonstration and CID projects were $1 million.

Protective Services for Families and Children

Protective Services for Families and Children includes three components: Child Protective Services (CPS), Family Violence Services and Services to Truants and Runaways. The Child Protective Services program is mandated by state law to protect children from abuse and neglect in their families and homes. This program's clients include both the families and the children when the child has been or is at imminent risk of being the victim of child abuse or neglect, as defined in the Texas Family Code. Services are provided by staff and contract providers. The Family Violence program seeks to reduce and prevent the problem of domestic violence by providing appropriate services for victims of family violence. The majority of this program's clients are battered women and their children, and services are provided through contracts with shelter centers. The third component, Services to Truants and Runaways, contracts with providers to offer counseling services and emergency shelter to runaway children.

Recollections: Beyond the Call of Duty

John Vachon, 1940

While working on a case, a financial worker in Collin County found a houseful of dirty, hungry, little children.

There was nothing wrong with their mother and father, except that they would get dressed up, leave the children and go into town and eat a steak supper. They never seemed to have enough food to feed their 11 children, though.

Their house was an old tumble-down farmhouse. Inside, the parents had nailed some apple boxes to the wall as beds for their twin babies. They had a little cover and a few other possessions.

When the worker came back into town, she went to talk with the county judge. He took immediate action. They got the public health nurse, went out to the farmhouse, gathered up all the children and brought them to town. They found two of the little boys sitting in an old, unused fireplace. You can imagine those dirty youngsters.

There just weren't any community resources, so there was no place to keep them. The judge said, "Well, I don't know of any place big enough for all of them except the jury room. I know we've got 12 clean beds up there."

The judge authorized hiring a middle-age practical nurse to stay with the children. She cleaned them up, cut their hair, put them to bed and kept them in the jury room two or three days.

Of course, the father and mother were brought in, and they said, "We don't want to give up our children." But, after a court hearing, the children were removed and placed in foster care. I sometimes wonder whatever happened to the parents. They left the area and left 11 little ones behind.

This was an example of a financial worker going well beyond the normal requirements of her job and extending social services and protective care to some needy children. ■

Dorothy Mood, Austin

Marion Post Wolcott, 1939

Child Protective Services

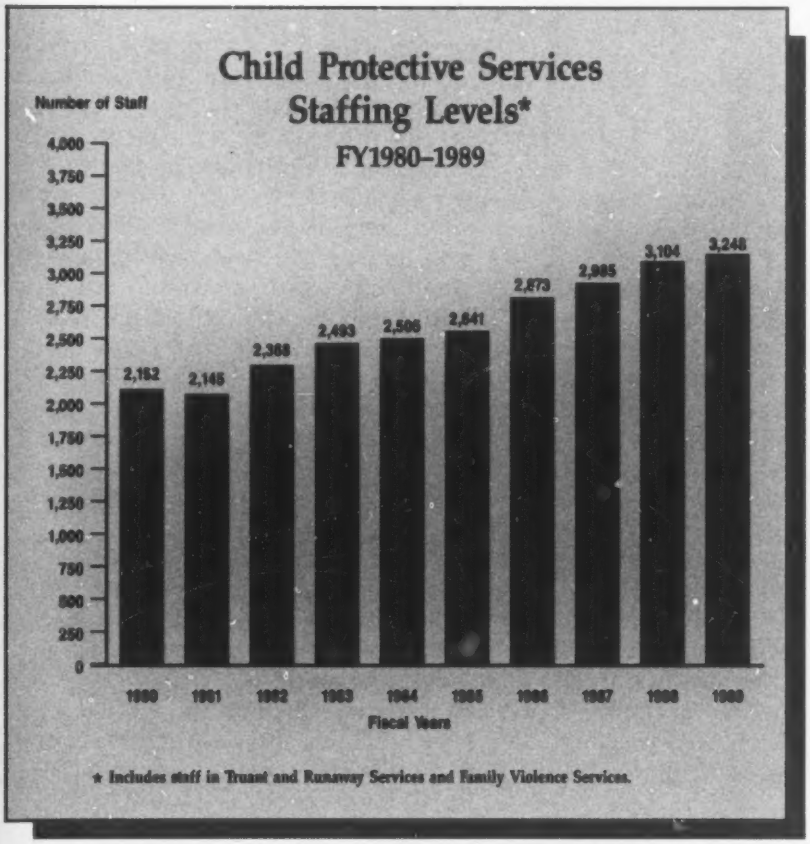
The oldest and largest of these components, Child Protective Services, had its beginnings with the Child Welfare Division established by the Texas Legislature in 1931 as a division within the Texas Board of Control. Prior to the division's creation, a few counties had established local county child welfare boards to address the needs of children in their community. The Child Welfare Division was created to expand the number of county child welfare boards, inform the public about the needs of children, coordinate services to children, provide information and referral services, license and inspect maternity and children's homes and assist state institutions in upgrading their services. Through the years, some of these original responsibilities were given to other entities.

In 1939, the Division of Child Welfare was transferred to the newly created Texas Department of Public Welfare. By this time, about 70 counties had local child welfare boards. Many of these had established county service units. The staff of the state Division of Child Welfare worked out of regional and state headquarters to provide services to children when the local county did not have staff to provide services. Over the years, various mixtures of county and state staff have been used to provide services.

Eventually, changes in requirements to obtain federal funds forced a reorganization to a more uniform statewide system. Today, DHS enters into contracts with local child welfare

boards and provides department staff throughout the state to provide child protective services. Many counties continue to provide funds for the needs of local children who are placed in foster care.

A unique aspect of community involvement in the CPS program is the existence of county child welfare boards, also known as county child protective services boards. There are about 200 of these county boards across the state that are appointed by county commissioners' courts.

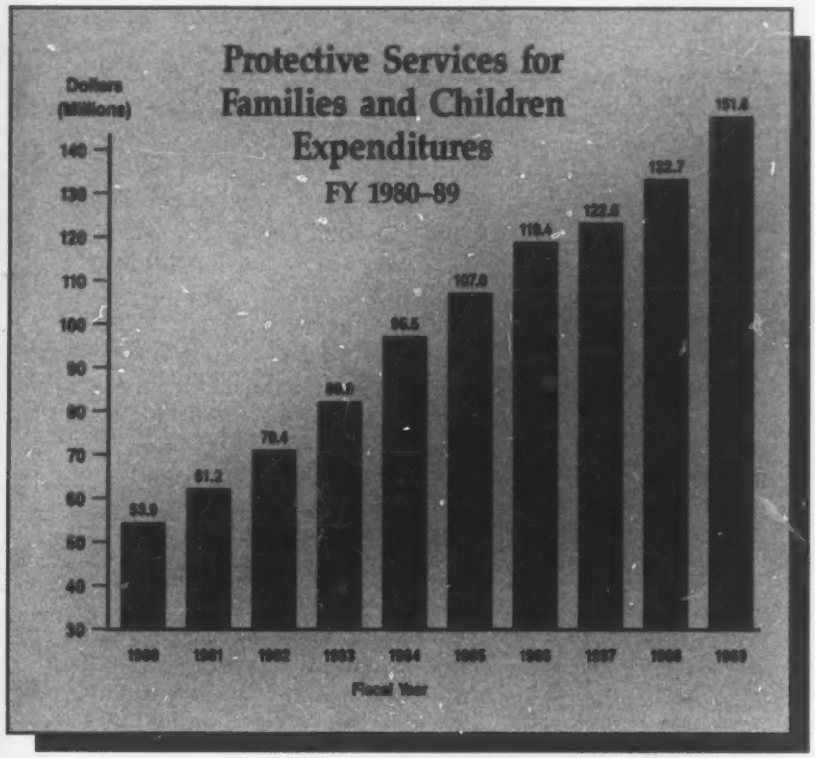


Representatives from the county boards are elected to serve on regional councils of child welfare boards in each department region. Representatives of these regional groups are then elected to serve on the Texas Council of Child Welfare Boards. This group has been an advisory and advocacy organization for the program.

One of the significant problems experienced today by the CPS program is a lack of understanding about its focus and services. This confusion exists within the department, among program advocates and related professionals and throughout the general public. Looking at the program's history helps to explain the confusion.

This program developed from a broad child welfare program that sought to address a myriad of problems related to children. At one point, the department merged the child welfare and public assistance functions and delivered a broad range of services to families and children through social services workers. However, it became obvious that working with abused and neglected children and their families required different skills and abilities from those needed to determine eligibility for financial assistance. To provide more effective services to clients, the department once again specialized the function of child protection.

When the Texas Family Code became effective Jan. 1, 1974, citizens of the state were mandated to report suspected child abuse to the department. At that time, the Texas Family Code did not include statutory definitions of child abuse and neglect. The department administratively established definitions of child abuse and neglect. Those definitions were general and allowed both staff and the public to interpret a variety of situations as child abuse or neglect.



This further contributed to the lack of clarity about child protective services.

The Texas Legislature enacted statutory definitions of child abuse and neglect, effective Sept. 1, 1987. These statutory definitions provide more specific guidance about what constitutes child abuse and neglect. Still, a number of individuals believe that any situation that poses any potential for harm to a child is the responsibility of CPS. Others believe that CPS should only be involved in the most extreme situations. These conflicting attitudes continue to attempt to shape the program.

One final factor contributes to the confusion about the appropriate role of CPS. Often, when families and children are clearly identified as having a need for services, they are referred to CPS for assistance in meeting that need. Families and children experience a variety of needs that are not child abuse and neglect. It is the desire to assist these families and children that causes the public and staff to want to broaden the role of the program.

Today, more than ever before, the program is under scrutiny from the public, the Legislature and the department. In the past two years, the program has been studied both internally and externally. Program organization, practice, administration, coordination and training, and community understanding and involvement have all been examined. In responding to the recommendations from these studies, staff must integrate changes in ways that most effectively use the program's resources to achieve the program's goals for its clients.

Drawing on a history of community involvement, the board and department staff held a series of forums throughout the state to ask for help in keeping Texas children safe. Forum participants responded by establishing action plans to help children in their communities. The outcome of the forums was so encouraging that similar meetings are planned for smaller communities next fiscal year.

Not only did forum participants gain a new perspective on program problems, they also left the forums with clearer understandings of the program's goals:

- to protect children from abuse and neglect in their families and homes,
- to preserve families that are safe for all family members, and
- to provide permanency for children who cannot safely remain with their own families.

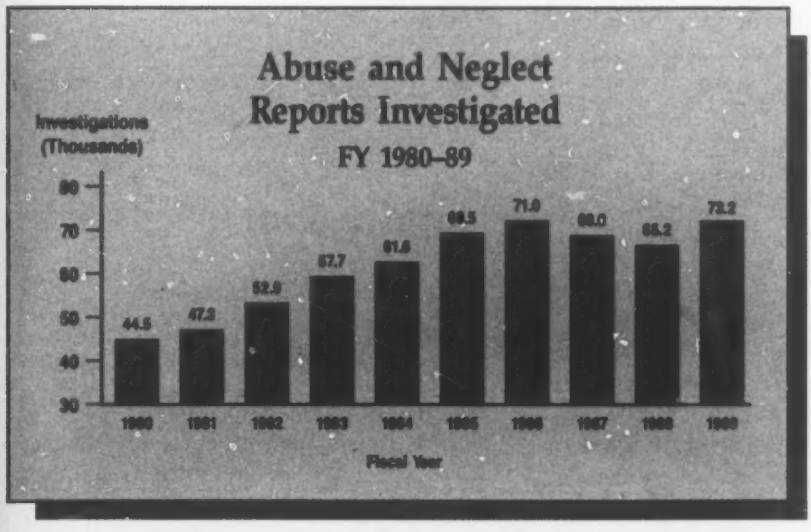
To meet these objectives, the program provides a number of services: intake and investigation of reports of child

abuse and neglect, services to families and children in their own homes, placement of children in substitute care, development and maintenance of foster homes, and adoption services.

Reports of child abuse and neglect are received through local child protective services staff or the statewide 24-hour, toll-free abuse hotline. During the fiscal year, 73,248 child abuse and neglect reports were investigated. Approximately 43 percent of these reports, involving approximately 48,748 children, were confirmed.

When reports of abuse and neglect are received, they are assigned a priority based on the severity of the alleged harm and the immediacy of the alleged danger to the child. The priority establishes how quickly the investigation of the report is begun. Investigations of reports involving the immediate threat of serious physical harm or death to a child are begun within 24 hours. All other investigations are begun within 10 days.

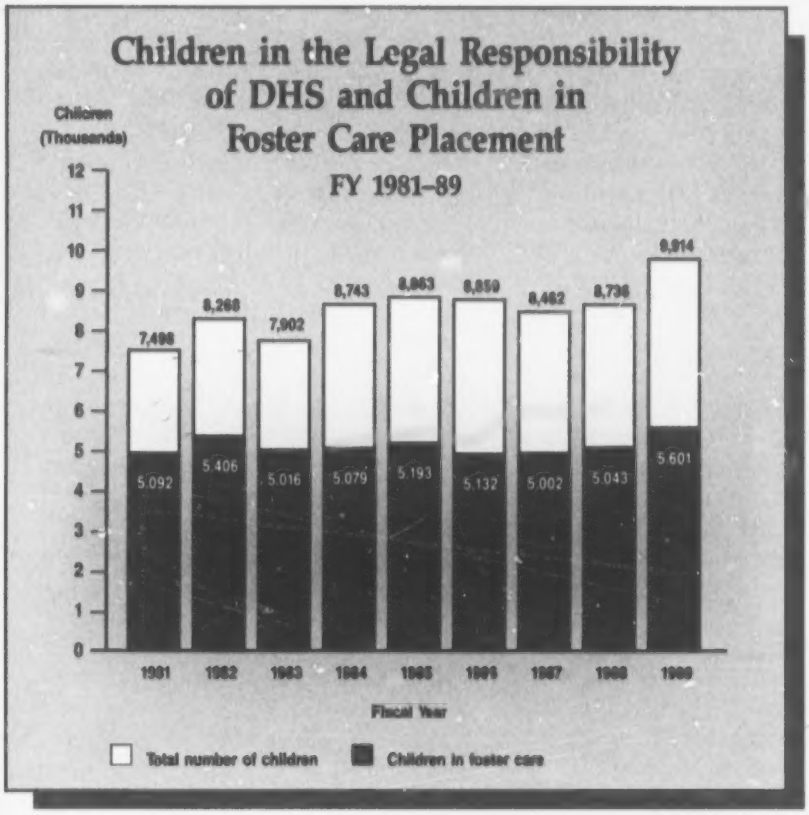
If an investigation indicates the need for continuing protective services and it appears that the child's safety can be maintained in his own home, the department or other community resources may offer a variety of services to the family. In-home protective services are designed to help prevent the recurrence of child abuse and neglect and the trauma the child would experience if removed from the home. The caseworker and family jointly develop a service plan which focuses on strengthening the family's ability to provide a safe environment for the child. The program does not attempt to meet all the needs of families and children. The focus is on helping families resolve those problems that led to the abuse or neglect so that the child may remain safely with his own family. Services may include protective day care, emergency homemaker services, parent-aide services and community treatment services. When it appears that the child will be safe without CPS supervision, the case is closed.



When a child's safety is seriously endangered by remaining in his own home, the court may temporarily place the child in foster care. As in in-home services, the caseworker and the family jointly develop a service plan. The same types of services may be offered to the child and family. The goal is to help the family become safe so the child can return home.

Although the majority of children are returned from foster care to their parents or relatives, it is not always possible for families to resolve their problems so that the child can safely live with them. When a court terminates parental rights, the program's adoption staff seek permanent adoptive homes for these children.

Most of the abused or neglected children waiting for adoption have special problems and needs. They are often older; have emotional, mental or physical handicaps; are of a racial



minority group; or need to be placed with one or more brothers or sisters. During the fiscal year, the department placed 608 children in adoptive homes.

To expand adoption opportunities for these children, the department provides adoption subsidies for special needs children. Subsidy costs are less than maintaining a child in foster care. Subsidies may be used to help adoptive parents with placement and maintenance expenses.

The department purchases adoption services from private agencies and operates the Texas Adoption Resource Exchange to increase the pool of prospective adoptive families. In addition, the department implemented the One Church, One Child project based on a model begun in Chicago, Ill., to help in the adoptive placement of minority children. The project is based on the idea that if one family could be found in each church to adopt a child, no children would wait for homes.

The department also participates in the Interstate Compact on the Placement of Children (ICPC). In this agreement, the department is responsible for giving permission for children from other states to be placed in Texas. ICPC also tracks and coordinates in-state and out-of-state requests for placements by public and private child-placing agencies, courts and individuals. In fiscal year 1989, 997 children were approved for placements into Texas and 1,148 out of state.

For some children in foster care, neither returning home nor adoption placement is feasible. These children remain in long-term foster care until they gain their legal independence at age 18. To help these youths prepare to manage money, find jobs, rent apartments and handle other basic skills needed for adult living, the Texas Board of Human Services earmarked about $1.7 million in fiscal year 1989 for the Preparation for Adult Living program. Services included counseling to help prepare the youths emotionally for adulthood, training in basic living skills and educational or vocational training.

Family Violence

Statistics collected by police, courts, emergency rooms, researchers and battered women's shelters make it clear that spouse abuse is a social problem of major proportions in the United States. Spouse abuse is the major cause of injury for which women

seek medical attention, more common than auto accidents, muggings and rapes combined. Thirty percent of the women murdered in this country die at the hands of a domestic partner, either husband or boyfriend. An estimated 391,600 Texas women were physically abused by their partners in 1989.

The first Texas family violence shelter opened in Austin in 1977. In 1979, the Texas Legislature established a family violence services pilot project in the department. By 1980, almost 30 programs had established shelters. In 1981, the Texas Legislature passed legislation that established family violence services as a permanent activity within the department. The program was transferred from another program in the department to Protective Services for Families and Children in 1984.

Services are provided through contracts with community-based shelter centers. The developmental history of each shelter center is similar. Most begin through the efforts of interested groups on a local level. These groups, which typically include victims of spouse abuse, recognize the need for services and develop the community support necessary to establish services and shelters.

Community involvement is built into the program. The enabling legislation for family violence services, Chapter 51 of the Texas Human Resources Code, specifies that a shelter center must provide shelter to victims of family violence for nine months to be eligible for a contract with the department. This requirement demonstrates both the need for services and the local commitment to fund those services prior to receiving state funding.

Services to victims include shelter, counseling, emergency hotline, medical care, transportation, legal assistance, educational arrangements for children and employment assistance. Shelter centers are active in working with and training local law enforcement agencies and criminal justice officals. In addition, shelter centers are responsible for educating their own community about services, dynamics and prevention of family violence. This fiscal year, the department contracted with 53 family violence shelter centers to provide services.

The department provides almost 24 percent of the annual operating budgets of family violence shelter centers. Shelters typically receive the remainder of their budgets from sources like United Way, city and county governments, community fund-raisers, churches and grants. Shelters also use a variety of in-kind contributions and rely heavily on volunteers. Volunteers accounted for an equivalent of 230 full-time staff positions in shelter centers statewide valued at $1.6 million.

In fiscal year 1989, 23,857 women and children were provided emergency shelter by family violence shelter centers in Texas. In addition to women who stay at the shelters, women who have a safe place to stay may receive services other than shelter as non-residents. Services were provided to 23,254 non-residents in fiscal year 1989, a decrease from the 24,384 served in 1988.

The Family Violence Advisory Committee (FVAC) is appointed by the Texas Board of Human Services to advise the department on family violence services. This committee has offered support and focus to the program in coordinating, networking

and educating other professional groups who work with victims of family violence. FVAC has initiated and assisted in the development of two new family violence brochures and is working on a manual to help train law enforcement to better handle family violence calls.

Ben Shahn, 1935

Services to Truants and Runaways

This program was created statewide when the 68th Texas Legislature appropriated $4 million to the DHS biennial budget for a demonstration project to provide services to runaways and truants. The program was continued by the Legislature and is now a permanent activity of the department. The focus of the program is now on runaway youth. The 1985 Special Texas Census estimated that more than 120,000 young people leave their homes without permission each year. They may be gone a few hours or never return. More than 47,000 are gone from their homes for more than 24 hours.

The Services to Runaways program provides services to youths and their families in an attempt to help them resolve problems leading to runaway behavior. Services are designed to divert these youngsters from the juvenile justice and child protective services systems.

The department contracts with 23 programs across the state to provide services, which must include family crisis intervention counseling, short-term emergency residential care and aftercare counseling. Highest priority is placed on providing services that allow youths to remain in their own homes. Emergency residential care is used only if the youth's safety is in question.

Runaways and those at risk of running away are eligible for services. Anyone may refer a youth for services, and a youth may refer himself. During the fiscal year, 6,838 youths were served at a cost of $2.5 million.

Recollections: Down the Frio River

Ben Shahn, 1936

We were doing some work for the Waco State Home. They wanted to see which of the children could go back to their own homes. The state home didn't have anybody to follow up on some of these cases, so they farmed them out to the different districts. I had a case in Leakey—a little, old town near Hunt in the Hill Country.

I thought I was reading the map correctly on my way to Hunt, but after I passed this little store, the road went right down into the Frio River. I wondered if the road went across the riverbed since there wasn't any water in that part of it.

I went back to the store and told them I wanted to get to Leakey, and I didn't quite know where the road was.

They said, "Well, it's right down here."

"That's the river!" I said.

"Everybody goes that way all the time. The postman makes it," they said.

There wasn't anything I couldn't do at that age, so I said to myself, "If he can make it, I can make it."

I started down the river. The area was very dense. There were vines and trees, birds and animals, and water moccasins flipping around. And there were all kinds of great, big bulls pawing around, some of them in the riverbed. And some of them were sticking their heads over the bank. I thought they were going to come down there and lift up my car.

Then I came to a pool of water. Of course, I didn't know how deep it was. But I thought, if the postman makes it, so can I. And I did.

I finally got to Leakey and found the parents of the children, and they decided they would take their kids back.

On the way back, I went to the filling station and said, "Is there any way of getting back to Austin besides going back the way I came?"

They said, "Yes, you can go around this other way." But it was about 100 miles farther. I decided I'd rather go that way than back the way I came because I was afraid of those bulls. They were the biggest things I had ever seen. ■

Rosalind Giles, Dallas

Children's Trust Fund

The Children's Trust Fund of Texas (CTF) has been an advocate for children and youths of Texas for four years, providing financial support to community-level programs to prevent child abuse and neglect.

CTF and its nine-member governing CTF Council were established by the Texas Legislature in 1985 to address the growing problem of child abuse and neglect. Members of the council, appointed by the governor, serve six-year terms. DHS provides support and adopts rules to facilitate council policy.

Funds for the dedicated Children's Trust Fund and the CTF Council Operating Fund are obtained from $12.50 of each marriage license fee, amounting to about $2.3 million for fiscal year 1989. As mandated, only a part of the total is available for the operating fund, and only 10 percent of that amount may be used for administrative costs. The balance is left to earn interest to ensure a continuing resource for programs to prevent child abuse and neglect. All revenue must be used for prevention, not treatment. In 1989, additional funds were received through the federal challenge grant program and from individual contributions.

During the fiscal year, 39 primary and secondary child abuse and neglect prevention programs in all areas of the state were awarded grants totaling $889,177 and received local support from community organizations and individuals totaling more than $545,000. The increase in local dollars over the fiscal year 1988 total is due to the requirement that in the third year, programs must secure 50 percent of their operating costs from local sources. In addition, a total of 54,904 volunteer hours were contributed to the programs, representing a dollar value of $183,928, based on minimum wage.

CTF and the Texas Agricultural Extension Service collaborated to establish a parenting education curriculum library and provide training for county teams to develop, implement and evaluate parenting programs with funds from a $100,000 CTF award. The combined resources to prevent child abuse and neglect during the fiscal year totaled more than $1.2 million.

The 39 CTF-funded programs provided services to approximately 165,000 children and 7,955 families. The programs, which were completing the last year of a three-year funding cycle, included parent education, anti-victimization and personal safety, community awareness, home visitor, latchkey, respite care and special projects. The local support mandate promotes private sector initiatives and enables successful programs to continue with community sponsorship at the conclusion of funding.

Programs are monitored to ensure compliance with program, accounting, and evaluation criteria and standards. On-site visits to each program are conducted by regional or field monitors or CTF staff.

CTF conducted two forums on critical issues in child abuse prevention with the support of federal challenge grant funds. One forum examined prevention issues related to adolescent parents, and the other focused on life skills curricula for children. Each forum featured summary presentations of four research papers, formal responses and discussion among participants representing the academic,

human services, health care and lay perspectives.

CTF completed its first public service announcement, "Kids—You Just Can't Shake 'Em," for release to television and radio media throughout the state. The PSA, produced in both English and Spanish, warns the public of the possible tragic results of shaking a baby.

Day Care

The department's child day-care program has seen many changes in its 20-year history. Funding sources and levels, purchase methods, care requirements and client eligibility criteria have all changed or been revised over the years in response to federal and state legislation and client demographics.

In 1969, the department began purchasing day care with Title 4-A funds through purchase of service contracts. Contracts required 30 percent local matching funds, and the facilities had to meet Federal Interagency Day Care Requirements. All contracts were paid on a cost-reimbursement basis. Day care was provided to protect children from abuse and neglect, to support their parents' employment efforts or to meet children's developmental needs. The only indicator of need that had to be supplied before contracting with a provider was that the area surrounding the center had sufficient numbers of interested low-income families to fill the center. Client eligibility from 1969 to 1972 was based on the average income in the ZIP code in which the client lived. In 1972, based on federal regulation changes, eligibility became limited to current, former and potential AFDC recipients.

Russell Lee, 1937

The program experienced several additional changes in 1972. Beginning that year and continuing through 1977, the Texas Legislature appropriated $1 million each for WIN

and Vocational Rehabilitation (VR) day care. The provider agreement, which was a modified provider enrollment and voucher system that is still in use today, was begun to serve the day-care needs of WIN and VR clients. From 1972 to 1976, payment was allowed to relatives to provide care in the child's own home.

Russell Lee, 1939

In 1975, the funding source for purchased day care became Title 20. Because of increasing demand, the department established a priority system; although the system has been revised over the years, CPS referrals have always been priority 1. Day care continued to be purchased through contracts, though several changes were made over the next few years in the purchase requirements. Enrollment rather than attendance became the unit of service, and a unit rate payment system was phased in.

By 1978, state funds were no longer restricted to WIN and VR clients, and local match requirements became varied in relation to the number of AFDC clients served. A statewide, sliding-scale parent fee policy was also established. Until that time, the amount of fees paid was left to the contractor's discretion. Under the new policy, parent fees continued to be deducted from the provider's bill to the department. By 1978, the Title 20 day-care expenditures reached the ceiling. A system of allocating funds to the regions was implemented, and expansion of the day-care system virtually stopped.

In 1981, the federal goverment deleted the Federal Interagency Day Care Requirements. Since then, there have been no federal standards for day care. The department, however, has continued purchase requirements that stress learning activities designed to help develop cognitive skills, good health habits, self-esteem, physical coordination, self-expression and the ability to communicate and relate to others.

Funding for the program changed in 1982 after the creation of the Title 20 Social Service Block Grant. That year, the amount of Title 20 funding for day care was reduced by 53 percent. However, with an increase in state funding to approximately $13 million, the overall impact on the program for fiscal year 1982 was a 19 percent reduction in funds.

Allocations since 1981 have fluctuated from a low of $27.4 million in 1982 to a high of $38.5 million in 1989. In fiscal years 1986 and 1987, there was no increase in the Title 20 allocation, and no state funds were

appropriated. In fiscal years 1988 and 1989, the state added $1.3 million to cover inflation.

Under current policies, the only children to receive day care through the department are those in danger of abuse or neglect and those of low-income parents who require care so their parents can work, seek work or receive training that will lead to employment. A major focus of this care is to help AFDC families in their efforts to become self-supporting.

The department contracts with more than 1,100 facilities, including churches, schools, day-care homes and commercial child-care centers for care.

Through the department, care and supervision are provided to children from birth through 10 years of age, but the age may be extended to 13 for abused or neglected and handicapped children. Because funding is limited, names are often placed on waiting lists, and children are enrolled when space becomes available.

Fiscal year 1989 funding allowed the department to serve 14,263 children per day. This compares to the fiscal year 1988 expenditure of $35.4 million, which allowed service for 13,482 children per day. Of all the children eligible for day-care services, funding allows the department to serve fewer than 4 percent.

The future direction of the department's day-care program is heavily influenced by the Family Support Act of 1988. Implementation of the act's child-care provisions will require revisions in the current purchase system to allow parents to have a choice of day-care providers. Also, the department must expand the purchase of care into new locations to provide services to all entitled clients.

In April 1989, the department began testing the provision of 12 months of transitional Medicaid and day-care benefits to eligible clients in four regions. The Family Support Act mandates these benefits beginning April 1, 1990. Information gained from the pilot project will be used to design a new day-care system that can meet the federal requirements, manage multiple funding sources and make child care more accessible for eligible clients.

Licensing

Regulation of child care in Texas began in 1921 and focused on the regulation of maternity homes. The State Department of Health administered the law. Eight years later, the law was amended to include all children placed with families not related to them. This included children placed for part of the day in what are now recognized as day-care centers.

With the Texas Legislature's creation of the Child Welfare Division under the State Board of Control in 1931, maternity home regulation remained with the health department, but the regulation of child-care facilities and child-placing activities was transferred to the new Child Welfare Division. When the Legislature created the State Department of Public Welfare in 1939, the responsibilities of the Child Welfare Division were transferred to the newly created department.

From 1949 through 1975, several significant amendments to the law covering child-care regulation were passed. In 1965, the Legislature added provisions for collecting fees for child placements and adoptions. In 1971, the Legislature added requirements for immunization records for children in care and for licensing staff to exam-

ine those records. In 1972, the administrators licensing law required the licensure of persons responsible for the administration of residential child-care institutions.

In early 1973, a tragic incident at a residential treatment facility in Liberty, Texas, prompted a major revision in child-care regulation. In response to public outcries, an interim legislative committee was established in July 1973 to thoroughly study all Texas child-care, education and guidance facilities and all laws and state agency regulations pertaining to such facilities. In August 1973, the Board of Public Welfare created a separate Licensing Division. The board also directed that the licensing of 24-hour facilities be a specialized function administered directly from the state office in Austin. Day-care licensing would remain decentralized with administrative responsibilities at the regional level.

In May 1975, the Legislature passed the Child Care Licensing Act of 1975. The law was codified in 1979 and is now known as Chapter 42 of the Texas Human Resources Code. The new law made Texas the first state in which family day care was regulated through registration. The act also provided for stringent criminal as well as civil penalties. Other major features were the recognition of specialized types of 24-hour care facilities and regulation of private schools not accredited by the Texas Education Agency. Another major feature required that state-operated facilities be certified and meet the same requirements as private facilities of the same type.

To address church-state separation issues, the law specifically excluded licensure of Sunday schools, retreats, weekly catechism, vacation Bible schools and facilities caring for children while their parents attend religious services on or near the premises. The law was later amended to exempt religious-sponsored and non-religious private schools that do not provide custodial care for more than two hours a day.

In 1983, the law was amended to allow the probation of a license. That same year, another law gave the department responsibility for certifying eligible people as social workers, and the responsibility was assigned to the Licensing Branch for implementation.

Since 1983, the law has been amended to change license issuance from biennially to non-expiring; establish an annual fee structure for licenses and registrations; install a criminal history check for child-care providers and facility owners; establish qualification standards for family home caregivers; and exempt from registration those family homes caring for three or fewer children.

Effective Sept. 1, 1989, amendments to the Texas Human Resources Code modified the circumstances for which a provisional license is issued; changed the issuance of a certification from biennially to non-expiring; and eliminated annual audit requirements for residential facilities as well as annual registration renewals.

During fiscal year 1989, the day-care licensing program continued to focus on the regulation of family day homes. A 15-member *ad hoc* committee of caregivers and parents made substantive recommendations to the department on Minimum Standards for Registered Family Homes. These recommendations formed the basis for discussion at 15 forums held across the state to gather comments from caregivers. More than 2,000 caregivers and parents attended these meetings.

Recollections: The Railroad Baby

Russell Lee, 1938

I want to tell you about a baby who was left in a restroom at the railroad station in Amarillo. That was back in the days when they had good food in the Harvey Houses, prior to World War II.

Somebody found the baby and a package of new clothes with it. The police took the baby and the clothes, but no one knew where the baby came from.

We got the baby settled in a foster home and looked at the clothes and the tags on them. Some of them were from J.C. Penney in another town. The labels didn't give the name of the town, however, they did indicate the serial or inventory number. There were also clothes from another store but the tags didn't indicate what store.

I contacted the J.C. Penney Company in Amarillo, told them what had happened, and said that I was trying to identify a baby by the serial numbers from some new clothes. They had some way of knowing and said it was a town in New Mexico across from Dalhart. Of course, if you went out of the state at that time, you had to get permission from Austin, probably from the governor. It was only 15 miles, so I didn't bother to get authorized pay for 15 miles. I just went and paid the bill.

The manager said, "I think the woman came in, but I don't know who she is."

Then, I said, "Well, you know I've got another number here from some other store. Would you have any idea whether it's in this town?"

He looked at the tag and said, "Oh, that's the dime store over there."

So I went to the dime store. They remembered that the woman was from Childress, and they had her name. I got the name of the street where she lived, but I didn't have a street number. Then I went to Childress, which isn't too far from Wichita Falls, to try to locate the woman.

I found her. She was probably 35 years old or so. I talked to her, and she admitted the birth of the child. I think her boyfriend, who was an employee of the Fort Worth and Denver Railroad, left the child in the station when he went through there on the train.

I told her that sure was a sweet little baby she had, and I was so glad she left the clothes because it sure did help us out. I kept talking. She said she had been going with this railroad man for a long time.

I said, "Is there going to be anything more to this relationship, or is it just going to end?" It looked like it was getting pretty solid to me, other than the fact that they hadn't married.

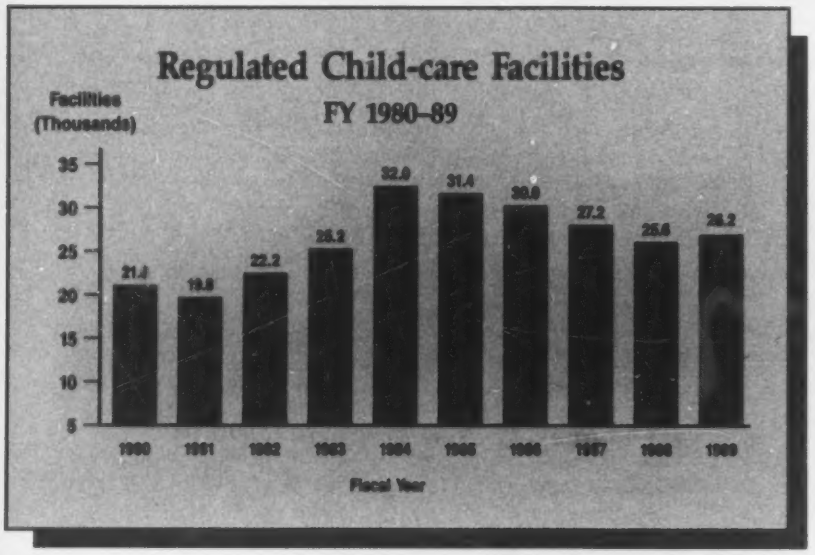
She said it would be all right to contact her boyfriend, so I contacted the stationmaster at Amarillo and told him I needed to talk to one of their employees who was going through to Colorado. They told me when the man would be there, and he showed up. I imagine the boss just saw to it.

I said, "You've got a sweet child here, and it needs a good home. If there's any chance of you and whatever her name was getting married and making a home, I sure would like to see you keep this baby. It's a nice little baby."

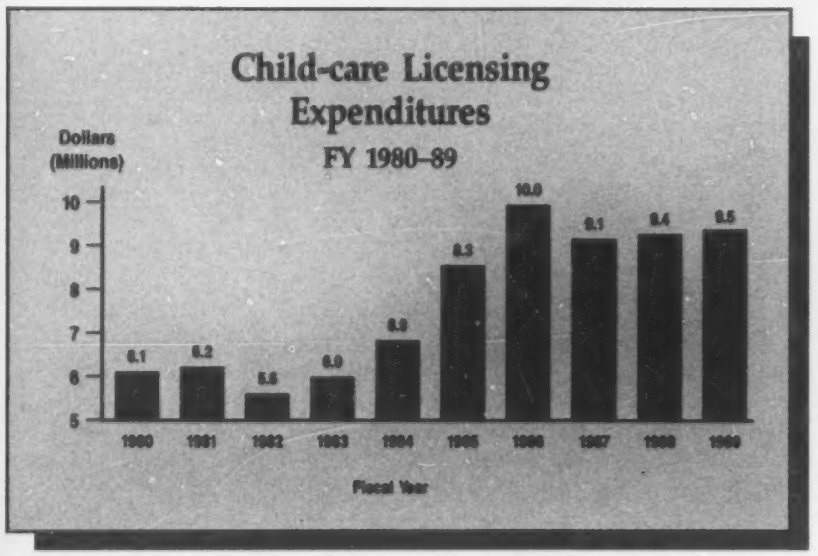
Finally, they came in and said, "We are going to get married, and when we get married, we want to keep the baby."

I complimented them. They got married. About eight or 10 months later, I got a letter from them. They were living in Colorado—I guess at the other end of the railroad line. They wrote me a letter to tell me how the baby was growing. ■

Rosalind Giles, Dallas



In all, more than 3,400 people, including those attending meetings in fiscal year 1988, commented on the standards. Following the forums, the *ad hoc* committee and the Advisory Committee on Child-care Administrators and Facilities made their recommendations. The Texas Board of Human Services approved the proposed revisions as standards in early July 1989.



Eighteen public hearings were begun in August 1989 to gather comments from providers, parents and the public on the proposed Minimum Standards for Registered Family Homes. Adoption of final rules and implementation will occur during fiscal year 1990.

The department also continued efforts to increase and strengthen registered family home associations. Working through Initiatives for Children Inc. of Houston, the department supported the creation of a new statewide organization of registered family home associations and caregivers, called the Professional Home Child Care Association of Texas. The new organization held its initial meeting in San Antonio in September 1989.

Another project initiated this fiscal year involved interviewing parents of children in registered care to better understand the factors parents use in choosing care settings for their children. Results of this telephone survey will be valuable in determining what kinds of information will be most helpful to parents in making good decisions about child-care arrangements.

Licensing staff investigated 6,672 complaints against child-care facilities in fiscal year 1989, 8 percent more than the previous year. Specialized day-care investigators handled a total of 2,829 complaints or reports of alleged abuse and neglect of children.

At the end of the fiscal year, there were 7,050 licensed day-care facilities with a capacity of 498,730 children and 14,350 registered family homes with an estimated 86,100 children in care. This is an increase of about 1 percent for licensed day-care facilities and a little over 2 percent increase for registered family homes.

Residential child-care licensing staff developed and delivered training programs for facility administrators and staff on identification and prevention of abuse and neglect. To address the incidence of unlicensed child-placements, the department automated information about all unlicensed child-placing investigations. The automation will allow staff to better coordinate investigation efforts and ensure that people who repeatedly engage in this activity are referred to the Attorney General's Office.

The process of revising the Minimum Standards for Child-placing Agencies was also begun this fiscal year. Child-placing agency staff and licensing staff attended predevelopment workshops to get a statewide perspective on desired results in child placements.

At the end of fiscal year 1989, there were 4,751 licensed or certified 24-hour facilities caring for about 22,300 children, an increase of about 4 percent over last year. Staff investigated 885 complaints and serious incidents during the year, about .5 percent higher than last year; 277 of these involved allegations of abuse or neglect and were handled by specialized licensing investigators.

The department spent about $9.5 million to regulate the care provided to about 607,000 children in day care and residential child care in fiscal year 1989, an increase of about 2 percent over fiscal year 1988.

The department issued 1,189 certifications for social work practitioners in fiscal year 1989. A total of 9,856 social work practitioners were certified at the end of the fiscal year. In addition, the department issued 120 licenses for administrators of child-care institutions. A total of 675 administrators were licensed at the end of the fiscal year.

The administrator's licensing program held the sixth annual conference for licensed administrators in August 1989. About 300 people attended the conference, which was co-sponsored by a group of residential child-care providers. In addition to the annual administrators' licensing conference, the first annual statewide conference for social work practitioners was held in San Antonio in April 1989. About 425 persons attended the conference, which focused on ethical issues in social work practice.

The administrators' licensing and social work certification programs are financed totally through licensing and certification fees. ■

Theo Jung, 1935

Services to Aged and Disabled

Services to Aged and Disabled

As recently as 1900, the average person was fortunate to survive to age 50. As public health measures and medical technology advanced, increasing numbers of people survived disabilities and advancing years. Those who survived often lived with chronic health problems that limited their abilities to care for themselves, thereby placing added burdens on the primary caregivers, families.

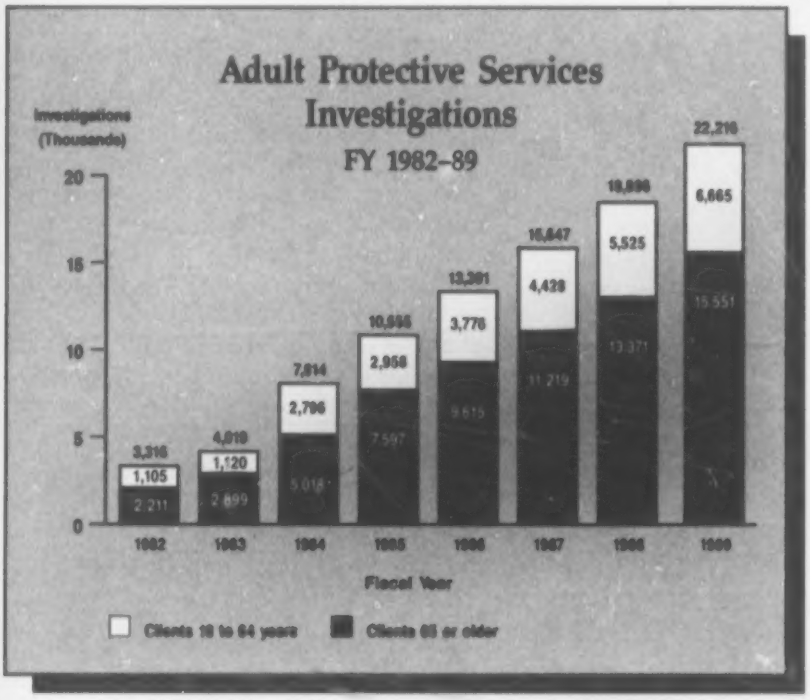
John Vachon, 1940

Through the generations, families have continued to meet the challenge of caring for their elderly or disabled members. The task has become more difficult, however, as families scatter throughout the nation for employment and most or all of the adults in a family work outside the home. To help families provide care for their aged or disabled members, support services have been developed over the past 20 years.

Adult Protective Services

In comparison with other department programs, Adult Protective Services (APS) is relatively new. The concept of protecting adults gained impetus in the mid-1970s when federal regulations required states receiving Title 20 funds to provide protective services to elderly and disabled adults and to children. At that time, APS functions were incorporated into the job responsibilities of social workers in Services to the Aged, Blind and Disabled, in what is now called the Community Care program.

In 1981, with the passage of Chapter 48 of the Texas Human Resource Code, APS became formally recognized. This law made reporting of suspected cases mandatory and required the department to investigate and intervene in situations of abuse, neglect and exploitation. At first applicable only to people over age 65, the law was amended in 1983 to include protection for disabled people ages 18 through 64. Also in 1983, the



Texas Legislature directed the department to conduct a public awareness campaign and establish a toll-free, 24-hour hotline for reporting abuse. Concurrently, the APS Division in state office was created, and statewide specialization of APS field staff began. APS was separated functionally from the Community Care program because of growing caseloads and the need for specially trained staff.

In 1987, the Human Resource Code was amended again to clarify state agency roles and responsibilities and to authorize DHS to oversee and review complaints about investigations conducted by other state agencies in residential facilities. This oversight responsibility includes identifying trends and systemic problems and recommending solutions in an annual report to agency boards, the governor, the Legislature and advocacy groups. The second annual report on facility investigations will be completed in November 1989.

Among the 50 states, Texas has the fifth largest population over age 60. The fastest growing segment of this population is the age group over 85, in which incapacitating conditions escalate rapidly. The number of younger disabled people in the population is also increasing. The need for protective services for vulnerable adults can be expected to rise well into the 21st century as the "baby boom" generation passes into old age.

Of those Texans found to be in need of protective services, approximately 30 percent are disabled people between the ages of 18 and 64, while about 70 percent are elderly people. Since fiscal year 1982, the first year that APS statistics were tracked, the number of reports and the resulting caseloads have increased 570 percent. Almost 19,000 cases were investigated in fiscal year 1988; this year the number will exceed 22,200.

Of the 22,200 reports, more than 18,000 cases were found to be valid, or in need of adult protective services. Still, conservative estimates by researchers and advocates place the number of abused adults in Texas in 1989 as exceeding 203,700. Considering these numbers, only one in 11 victims who needed services this year was able to get help.

While the caseload in fiscal year 1989 increased by more than 19 percent over the year before, the number of caseworkers increased by only 18 percent. Staffing this growing program continues to be a major issue, especially as burnout and turnover appear to increase in step with escalating workloads. Given the demographics cited earlier, staffing to meet the demands of 1990 and beyond will remain a program priority.

APS caseworkers rely heavily on other services for their clients, such as Community Care for the Aged and Disabled and Medicaid-funded institutional care, as well as on services managed within the APS program. Respite care services temporarily relieve caregivers from the demands of caring for an elderly or disabled family member as a means of reducing serious stress and burnout that could lead to abuse and neglect. In fiscal year 1989, 1,454 clients received 109,284 hours of respite care at a cost of $599,042. Emerge[illegible]lient services, which include the [illegible]erm provi-

Russell Lee, 1951

sion of shelter, food, medications, nursing care, medical care, utilities and home cleanup, were provided to 1,027 clients at a cost of $90,719.

A third service within APS, and a major issue for the program, is guardianship. Guardians help those people who cannot manage their affairs and take care of themselves alone. Guardianship services were reconfigured this fiscal year to move from a statewide volunteer model to one in which contracted staff will serve as guardians in selected counties in each region.

Another issue confronting the program is increasing caseloads resulting from the deinstitutionalization of mentally ill and mentally retarded people. The problems become acutely evident in many board and care facilities that house elderly and disabled people who are not eligible for nursing home or other institutional care but who still require some level of custodial care.

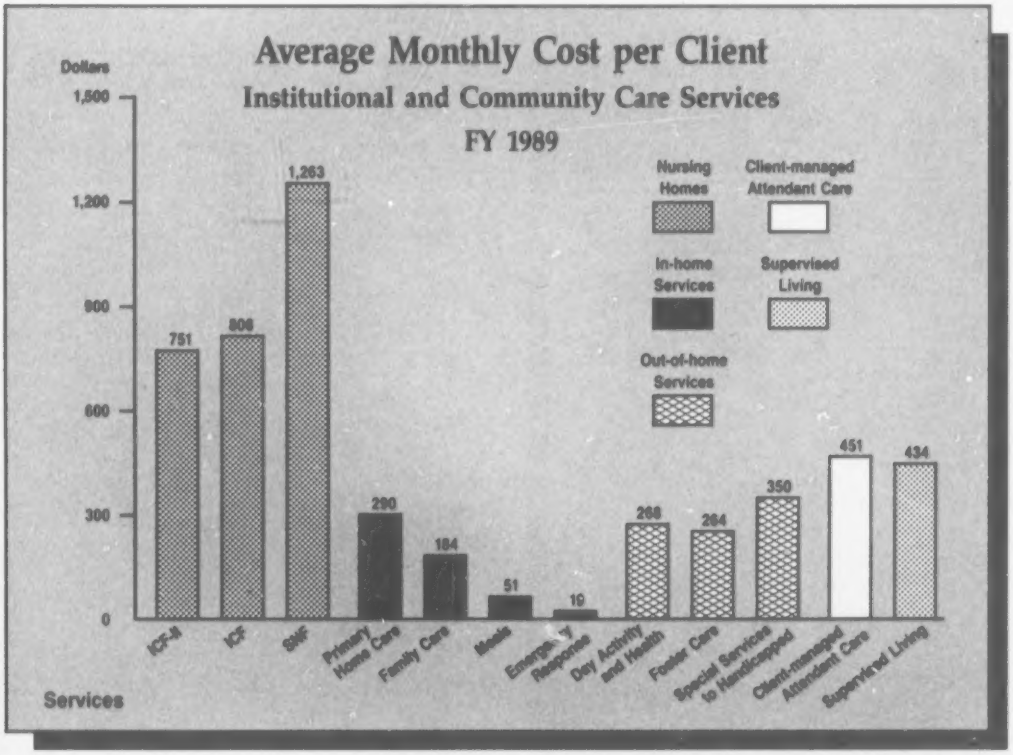
Services in board and care homes may be marginal; abuse, neglect and exploitation of elderly and disabled residents are reported frequently. Unfortunately, acceptable placement alternatives are scarce for low-income clients or those with behavioral problems. Legislators and staff from several state agencies began a combined effort this fiscal year to explore solutions to this problem.

Long-term Care

People who have chronic health problems that limit their abilities to care for themselves often need long-term care services. Although chronic health problems can strike people of all ages and income groups, the most likely people to need help are elderly people who are over age 85, younger people who have survived traumatic accidents or life-threatening illnesses and children who were born with serious health problems.

Prior to 1967, when the Medicaid program was implemented in Texas, there was little public support for people with long-term care needs. In the mid-1930s, the Social Security Act did allow the addition of up to $6 a month to old age assistance payments to help cover medical costs. By the 1950s, that sum was up to $30 a month and was eventually raised to $46.75 a month in the latter part of the decade.

Since 1967, the Medicaid program has offered more extensive services to people with long-term care needs.



The first long-term care service, skilled nursing facility (SNF) care in nursing homes, was implemented in Texas in September 1967. Fifteen months later, in January 1969, intermediate facility care (ICF) was implemented. Throughout the 1970s, nursing home care was the only Medicaid program available to meet long-term care needs. As a result, the program grew rapidly.

In 1974, the national Supplemental Security Income (SSI) program was implemented to provide a uniform public assistance payment for all qualifying aged or disabled people. Because the SSI program did not provide any additional support for people with long-term care needs, Texas began developing the first phases of the Community Care for Aged and Disabled (CCAD) program, then called Services for Aged, Blind and Disabled. A program called Family Care, which contracted with individual care providers, supplied some long-term care services in clients' homes on a priority basis—elderly SSI recipients got first priority; disabled SSI recipients got second. Elderly and disabled people who met the higher income requirements for nursing home care were last priority.

In 1975, Title 20 Social Services funds became available to "prevent or reduce inappropriate institutional care by providing for community-based care, home-based care and other forms of less intensive care." Using these flexible funds, the department initiated new community care programs such as home-delivered meals, foster family care, day activities, homemaker services and chore services, which were contracted to local

community organizations. Because there was a federal cap on available Title 20 funds, however, these services did not expand as quickly as the nursing home program.

During the late 1970s, projections indicated that if the nursing home program continued expanding at its then current rate, there would be more than 86,000 Medicaid recipients in nursing homes by 1989 at an annual cost of almost $1 billion. At the same time, the similarity between the clients receiving the least-intensive level of nursing home care, ICF-II, and those served by the Title 20-funded community care program was becoming clear. The Joint Committee on Long-term Care Alternatives, after exploring this situation in an extensive two-year study, concluded that Texas needed to expand the community care program to meet a larger share of the long-term care need in Texas.

As a result of the study, the Legislature in 1979 directed the department to phase out the ICF-II nursing home program and expand the community care program using Medicaid funds whenever possible. Although current recipients continued to be covered, no new clients were enrolled in the ICF-II program after March 1, 1980, when the department received a federal waiver of Medicaid rules to carry out the mandated plan. A part of the federal waiver allowed the new Medicaid community care program, called Primary Home Care (PHC), to serve all people who met the income criteria for nursing home care, not just SSI recipients.

In fiscal year 1980, more than 65,000 Medicaid recipients were in nursing homes and 31,000 were receiving community care services. At that time, the ICF-II program served more than 16,000 people; PHC served about 1,000.

By fiscal year 1989, the restructure of the nursing home and community care programs initiated in 1980 had been substantially accomplished. Only 250 recipients remained in the ICF-II program at the end of the year, and the PHC program had expanded to serve nearly 32,400 clients. Almost 5,000 PHC clients are served through federal waiver authority. The total mix of nursing home and community care clients today is 50-50, instead of the heavy institutional focus of the long-term care program of the 1970s.

During the 1980s, other important changes occurred. CCAD services were expanded, rigorous standards for service delivery were developed and contract monitoring procedures were strengthened. Eligibility rules were changed so that if resources are limited, as they often are for services not funded by Title 19, priority is given to clients with the greatest functional needs. New community care programs were developed to meet the specific needs of younger adults and children with disabilities. In the nursing home program, a payment methodology, case-mix reimbursement, was developed and implemented to base payment on the actual amount and type of care a client needs. This improved match of resources and service need should better support quality service and improve access for heavy-care clients.

As the department enters the 1990s, a number of initiatives and innovations will accelerate the rate of service improvement that occurred in the past decade.

■ The income eligibility ceiling for nursing home care and community care, increased to the federal maximum of $1,104 per month for a single person effective Sept. 1, 1989, from

previous ceiling of $715, will help fill the broad gap between program eligibility levels and the ability of individuals to purchase this care.

- Poverty-level disabled or elderly Medicare beneficiaries will receive help in paying their Medicare premiums, coinsurance and deductibles through a new program called Qualified Medicare Beneficiary (QMB) coverage. Under this program, Medicaid pays Medicare out-of-pocket costs for Medicare recipients with incomes below 85 percent of poverty in 1989, increasing to 100 percent of poverty by 1992.
- Federal nursing home reform provisions mandated in the Omnibus Budget Reconciliation Act (OBRA) of 1987 require increased nursing staff levels; increased nurse's aides training; more attention to recipient rights; preadmission screening of nursing-home applicants to prevent nursing-home placement of people with mental illness, mental retardation or related conditions; and the development of alternate community programs to serve people with these conditions who are already in nursing homes or who can no longer get into them.
- Expansion of the ICF-MR program will serve people with all developmental disabilities.
- Expansion of the In-home and Family Support program from a pilot project in San Antonio to a statewide program will extend services to disabled people.
- A collaborative effort with the Texas Department of Mental Health and Mental Retardation to provide targeted case management services for people with chronic mental illness or mental retardation and related conditions under Medicaid is expected to increase service availability and create substantial state savings through the maximization of federal funds.

Community Care

The department's community care services primarily help clients with activities of daily living such as bathing, dressing, grooming, toileting, meal preparation and related housekeeping tasks. Other services are also available to help clients maintain their independence. Some of the services provide support to families as they provide care and assistance to their elderly or disabled members.

Eligibility for all community care services is limited to those people who have high degrees of functional limitations. Additionally, financial eligibility requirements are similar to those for nursing home care.

The two largest community care services, Primary Home Care and Family Care, provide specific help with the activities of daily living to clients in their own homes. Higher degrees of functional limitations are required for these services than for other community care services.

Primary Home Care, which requires a medical need for personal care assistance and a physician's approval and nursing supervision, is paid for by Medicaid. Family Care provides similar services in a community setting to people who do not qualify for Medicaid. The department contracts with licensed home health agencies to provide these services. Clients in both programs can receive up to 30 hours of service per week. During the fiscal year, Family Care clients averaged about 8.9 hours of care per week. Primary Home Care clients averaged about 12.1 hours per week.

Recollections: The Day the County Poor Farm Closed

Dorothea Lange, 1936

Prior to 1933, the only help for the aged, disabled and poor in most small counties, such as Gonzales, was from the county pauper fund, the county poor farm and what local charities existed. The combined total was quite limited, as the county was in the throes of the Depression that covered the entire country. The local cotton mill, the major source of employment, had closed; and cotton, the major farm crop, had steadily declined for years. Banks had failed. There simply was little money available.

With the federal and state relief programs that started in 1933, there was some help for those able to work or families eligible for commodities. Many of the aged, especially those with no families to help, were placed in the county poor farm located on the outskirts of Gonzales. This was a plot of land owned by the county and managed by a married couple hired by the county to care for a number of aged persons. The residents raised some vegetables to help with food costs because the amount of money supplied by the county was limited. At best, the residents had a meager living. The rambling house was poorly furnished and generally quite depressing.

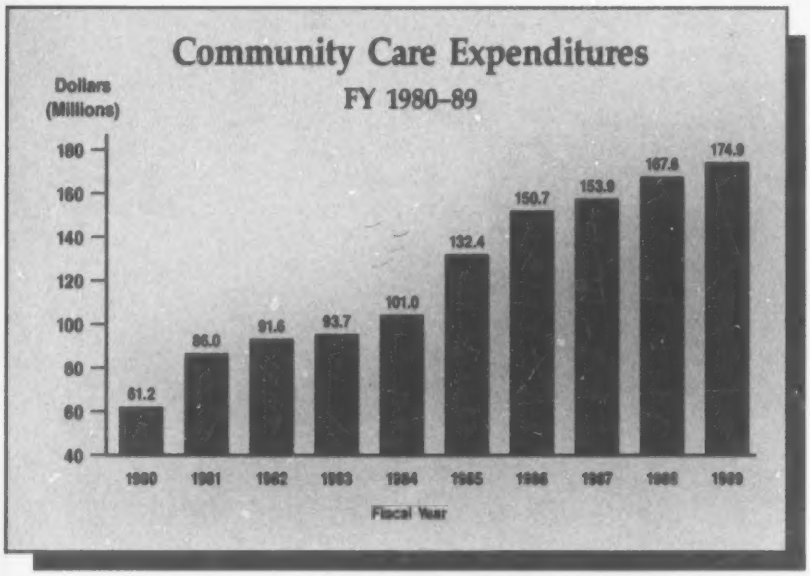
When the Old Age Assistance Program started in 1936, those people over 65 saw a chance to improve their lot in life. Some could move in with relatives since they had a little money of their own.

I remember one little old lady who did not have relatives but was determined to get out of the poor farm. She asked me to help her find a room somewhere so she could live her own life.

We were able to locate a place she could afford on the small OAA Grant she would receive, and the county commissioner agreed to send his truck to move her. She had a few possessions, an old bed and a small clothes cabinet. But I remember she had a rocking chair which she prized above everything else. I can still see her sitting proudly in her chair on the bed of the truck, as they drove away to her new living quarters. No queen ever graced a throne more regally.

She may have been the last one to leave the poor farm. The county sold the house and land, glad to be relieved of the financial burden, and the former residents settled into their new living arrangements, glad to be living more normal lives. ■

Bill Midkiff, Gonzales



Congregate and home-delivered meals provided hot, nutritious meals in a central location or a client's home through community-based provider agencies. All menus were approved by a registered dietician or nutritionist.

Emergency Response System services provided 24-hour monitoring through qualified community-based agencies. Services were available to functionally impaired elderly or disabled adults who lived alone or who were physically isolated from the community. Eligible clients received an electronic monitoring device which, when triggered, automatically alerted a base station. The base station then had a preselected volunteer check on the person with the problem.

Adult Foster Care provided supervision and assistance with daily living to eligible adults in 24-hour settings. Adult foster care homes provided care for up to four clients, and licensed group homes provided care for five to eight. In Adult Foster Care, the client paid for his own room and board, and the department paid the caregiver for the personal care and supervision services.

Residential Care served larger groups of clients. Services included room, food, protective supervision, personal care, social contact, recreation, housekeeping, laundry, escort and transportation. Living arrangements ranged from apartments to converted nursing facilities.

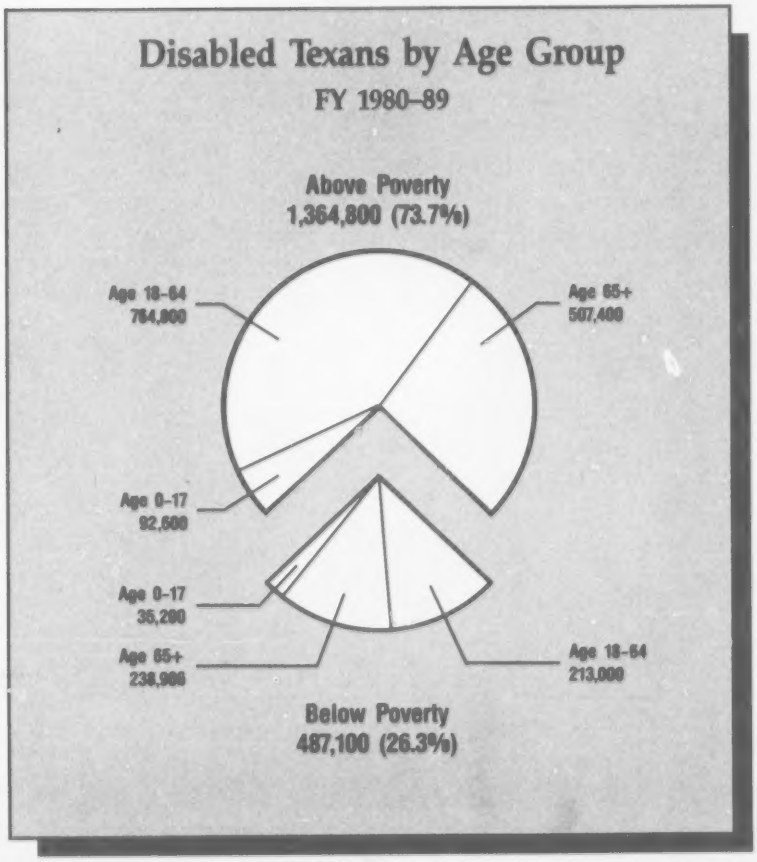
Day Activity and Health Services provided personal care, nursing services, physical rehabilitation, nutrition, transportation and supportive services in adult day-care facilities licensed by the Texas Department of Health and certified by DHS. These services were available at least 10 hours each weekday and could provide respite for clients' families.

The Tel-Assistance program provided assistance with telephone bills for poor and disabled elderly people who are heads of households. During the fiscal year, 28,624 people participated in the program.

Community care served an average of 55,835 clients per month in fiscal year 1989 at a cost of $174.9 million. This compared to 54,314 clients served per month last fiscal year at a cost of $167.6 million.

Special Programs for Disabled People

In addition to the services provided to people with disabilities through CCAD programs, a number of programs have been developed to address the specialized needs of disabled people. The Advisory Committee on Services to Aged and Disabled (ADAC) recommended several ways to improve these services, and many of their recommendations, including statewide implementation of the In-home and Family Support program and services for people with developmental disabilities other than mental retardation, are being implemented. Early in fiscal year 1990, the board approved the establishment of an Office on Disabilities. Department staff are working with a newly formed Task Force on Disabilities, which will prioritize the remaining ADAC recommendations and examine other ways to better serve disabled people.



The In-home and Family Support program began in 1988 as a pilot project in San Antonio with funds from the Texas Planning Council for Developmental Disabilities, as well as from the department. To be expanded statewide in fiscal year 1990, the program empowers individuals with disabilities to select and purchase services or supplies with cash subsidies of up to $3,600 per year. In addition, they may also receive one-time subsidies of up to $3,600 for architectural modifications or a major equipment purchase. There is no income limit for program participants. People with incomes above 185 percent of the poverty level, however, pay for part of the costs of the items purchased.

The Waiver Program for Medically Dependent Children provides in-home skilled nursing care and respite services for up to 120 severely disabled children who qualify for institutional care. Parental income is disregarded in determining eligibility as it would be if the children entered institutions.

The Client-managed Attendant Care demonstration project targeted clients who can hire and supervise their own attendants and schedule care according to their daily routines. The atten-

Dorothea Lange, 1936

dants provide help with personal-care tasks. Clients with incomes above the income eligibility level for community care participate by making copayments toward the costs of their care.

The Special Services for the Handicapped program provides counseling, personal care and help with developing needed independent living skills.

The Medicaid Hospice program serves clients who have a medical prognosis of six months or less to live and have chosen hospice care.

A pilot project in six counties will provide AIDS victims with case management, homemaker and skilled nursing care services, as well as outpatient treatment for narcotic and drug abuse and payment for certain private insurance premiums. Although efforts to secure funding for this project under a Medicaid home- and community-based waiver were not successful during fiscal year 1989, the state-funded project will provide the data necessary to apply for Medicaid funding next fiscal year.

Services through the Intermediate Care Facility for the Mentally Retarded (ICF-MR) program were initiated in 1969 when the Medicaid program was beginning in Texas. Services were initially provided in state schools; however, community-based providers became part of the program in 1977. In fiscal year 1982, as the program began to grow rapidly, new facilities entering the program were limited to those with six beds or less.

The ICF-MR services underwent other changes during fiscal year 1989. New federal regulations require the provision of comprehensive dental services to ICF-MR clients. The department is also testing the new case-mix reimbursement methodology in six ICF-MR facilities that specialize in services to children.

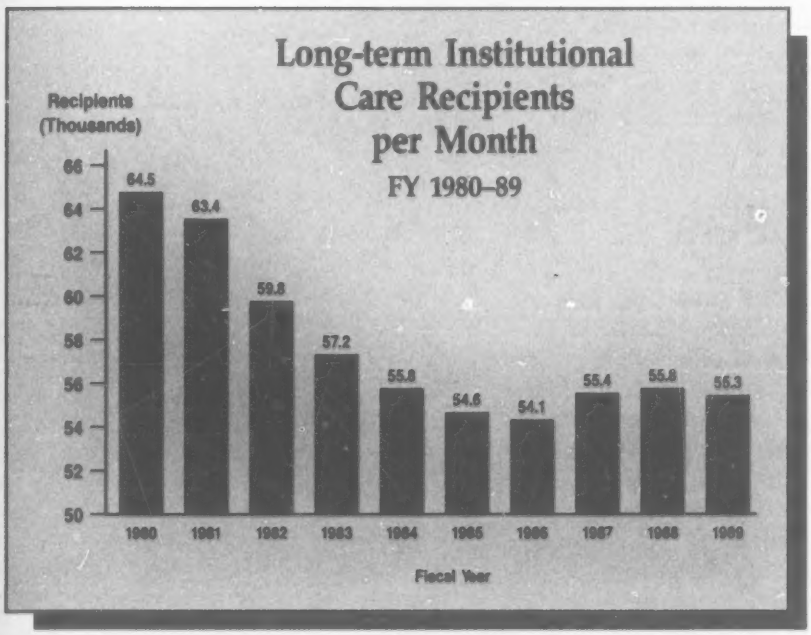
During the year, a monthly average of 4,386 clients received care in community-based facilities at a cost of $88.7 million.

Mentally retarded and developmentally disabled Texans who are eligible for Medicaid also receive care at state institutions. About 7,320 were served in state institutions at a cost of $318.9 million, including the state funds appropriated to the Texas Department of Mental Health and Mental Retardation.

Beginning in fiscal year 1986, the Home and Community-based Services Program for the Mentally Retarded was developed to provide in-home

services as an alternative to institutionalization. This program provided services for 458 mentally retarded clients in fiscal year 1989, and the program has federal approval to serve 1,350 clients by 1993. The client eligibility criteria were expanded to include mentally retarded children under age 18 who live at home, without regard to parental income, and mentally retarded clients who were denied Supplemental Security Income benefits but who are eligible for Medicaid under a protective status granted by the U.S. Congress.

The Texas Legislature authorized $8.5 million in state funds for fiscal years 1990–91 to provide services to people with developmental disabilities other than mental retardation through a new level of care within the ICF-MR program. With the help of a work group composed of consumer advocates, providers and experts in developmental disabilities, the department is developing the program and level of care criteria for this new service.



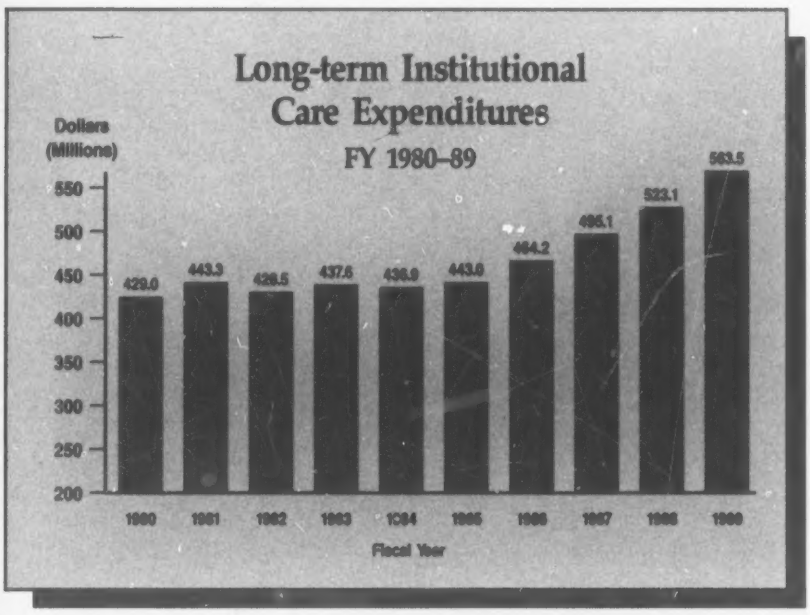
Institutional Care

Nursing home care is provided for those long-term care clients who can no longer be cared for at home and who need daily nursing care in an institutional setting. Care is provided in either skilled nursing facilities (SNF) or intermediate care facilities (ICF). During fiscal year 1989, several major changes were initiated in the nursing home program.

A new method of reimbursing nursing homes was implemented on April 1, 1989. This case-mix reimbursement methodology, called the Texas Index for Level of Effort (TILE), bases payment for the patient-care portion of the reimbursement on the care needs of the clients in each nursing home. The TILE system uses four clinical categories, which are further subdivided on the basis of functional capability or Activities of Daily Living (ADL), to establish classifications of recipients for payment purposes. Targeting resources based on client-care needs is expected to result in an improvement in the client's quality and access of care.

The department also worked closely with TDH and TDMHMR in planning and implementing changes required by the federal nursing home reform provisions included in the Omnibus Budget Reconciliation Act of 1987. These changes, coupled with changes in the financial eligibility criteria for nursing home care, will influence the program for years to come.

During fiscal year 1989, an average of 55,312 people received care each month at an annual cost of $563.5 million. The previous year, an average of 55,800 clients received nursing home care each month at an annual cost of $523.1 million.



Medicaid clients in ICFs and SNFs may be eligible for rehabilitation services through Goal-directed Therapy, which provides physical therapy, occupational therapy and speech language pathology services. During the fiscal year, an average of 63 clients per month received services at a total cost of $300,000 as compared to 55 clients per month served at a total cost of $276,323 in fiscal year 1988.

Client Eligibility

To qualify for the department's community care or institutional services, an aged or disabled person must have a demonstrated need for the service and meet the financial eligibility requirements. Need for service is determined through detailed functional and medical assessments of the person's condition.

Financial eligibility is based on a person's income and resources, such as property, bank accounts and insurance policies. To be eligible for Medicaid during fiscal year 1989, countable resources could not exceed $2,000, and countable income could not exceed $735 per month. The income eligibility ceiling for community care services was $735 per month, and the maximum resource limit was $5,000. More than 61 percent of those who receive community care were eligible for Supplemental Security Income and had less than $368 income per month.

Beginning Sept. 1, 1989, the income eligibility ceiling for institutional and community care services will be increased to the federal maximum of $1,104 per month. Beginning Oct. 1, 1989, a new federal requirement protecting a portion of a couple's income and resources will become effective. Commonly called the Spousal Impoverishment provision, the requirement will allow the spouse living in the community to use a portion of the couple's income and resources if the other spouse is institutionalized. Under this provision, a minimum of $12,000 in resources and $1,500 in income will be protected for use by the spouse living in the community.

John Vachon 1942

Health Care

Health Care

The cost of medical care became a prominent issue in the economic Depression of the 1930s. At that time, the notion of health insurance—that is, periodic prepayment of small contributions by a number of people into a common fund to ensure the availability of money in the event of illness—spread rapidly in the United States. The major shortcoming of voluntary health insurance, however, was insufficient coverage for the elderly and the poor.

In 1965, Congress substantially remedied that shortcoming with the enactment of the Medicare and Medicaid programs, but the escalating costs of medical care continue to be a prominent issue.

Purchased Health Services

Of all the benefits provided to needy Texans by the department, health care may be one of the most significant. The need for health care in Texas is greater now than at any time during the past 50 years. Across the state, nearly 3 million Texans are without health care coverage and must turn to hospital emergency rooms for medical care or do without it because they cannot pay. Unfortunately, that number continues to grow.

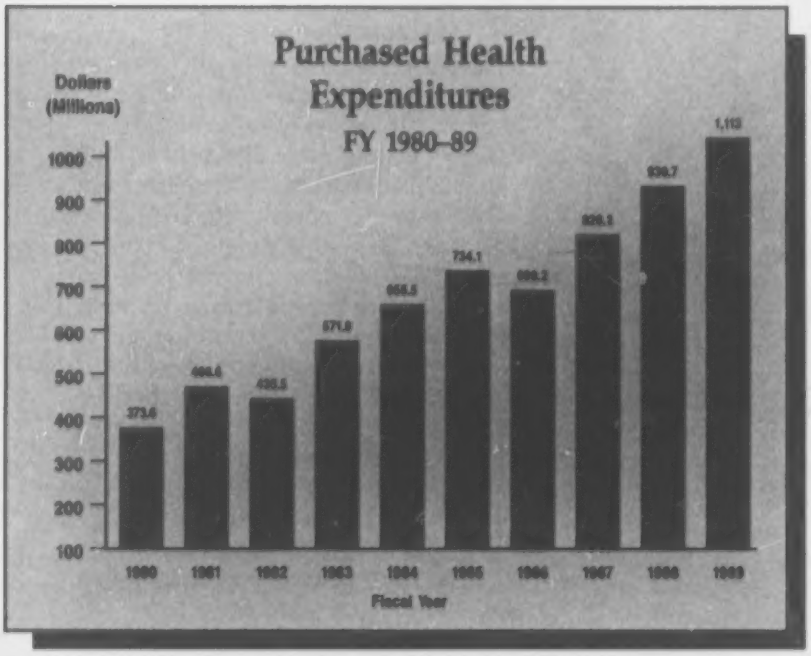
Purchased Health Services (PHS) is the only comprehensive, statewide health care program for poor Texans. During the 22 years that the department has administered this program, millions of needy Texans have been served. Last year alone, more than 1.4 million Texans were eligible.

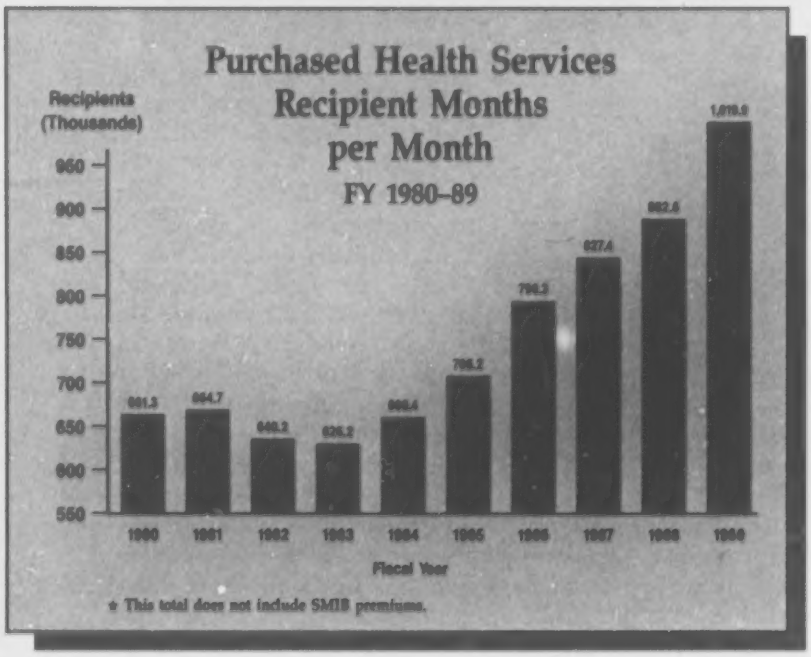
PHS has been designed to meet the health needs of the greatest number of eligible people through the purchase of a wide range of health care services such as physician, hospital, ambulance, nurse mid-wife, maternity clinic, hearing aid, chiropractic, podiatry, home health, optometric, laboratory and X-ray, optical and other services. In administering PHS, the department has acted to ensure that recipients receive the best care possible within the limits of the program, while using the most cost-efficient and cost-effective means possible to achieve that goal.

PHS is under constant change to meet the changing needs of its recipients. During fiscal year 1989, the most dramatic changes were seen in services for children and pregnant women. Requirements were liberalized to make more children and pregnant women eligible for services. Access to health care was increased by making perinatal care in clinic settings available to Medicaid-eligible women. Continuity of hospital care was improved for children up to age 1 by the removal of the 30-day inpatient hospital limitation.

The department joined with the Texas Department of Health (TDH) in working toward comprehensive and coordinated services for poor children and pregnant women. A joint steering committee on maternal and child health, composed of executives from both agencies, was established. Their guidance and direction resulted

in a statewide, toll-free hotline that provides information about prenatal care. Callers can also find the nearest location of services. Newspaper and radio public service announcements were prepared to encourage eligible pregnant women to seek early prenatal care. The department is also cooperating with TDH on the Maternal and Infant Care Access Project, a perinatal case-management pilot project serving children and pregnant women in rural West Texas.





In addition to its maternal and child health initiatives, the department advanced its commitment to preventing illness and meeting the specialized needs of some of its recipients. The Texas Board of Human Services approved an expansion of services to include immunizations to prevent pneumonia and influenza, which are permitted under Medicaid. The department estimates that a $3.50 annual flu shot could save almost $1,500 and a $10 one-time pneumonia vaccination approximately $2,200 in inpatient hospitalization and physician charges. The board also approved the addition of in-home parenteral nutrition (hyperalimentation) for people with medical conditions that prevent them from ingesting food by mouth.

While the needs of clients remain paramount, fairness and equity for those who provide Medicaid services are important as well. Several provider-related changes were made in fiscal year 1989. Reimbursement was restructured for children's hospitals so payments could more accurately reflect the hospitals' costs for high-intensity services to children. The base standard from which hospital reimbursements are calculated was raised from $1,200 to $1,600. The maximum limitation for inpatient hospital care was raised from $50,000 to $200,000 per recipient per year. Hospitals will now receive full payment for a person's hospital stay even if that

Recollections: Seeing Eye Dogs and the Fall of Rome

Russell Lee, 1952

I remember a few cases where I got a lot of satisfaction in seeing a need answered.

We had an elderly woman who had a Seeing Eye dog. Under the policy, there was no place in the budget for food for the dog. She couldn't keep the dog if she couldn't feed it. And she couldn't continue to live on the ranch she had without the dog.

I suggested she appeal her case with the thought in my mind of trying to get the policy changed, which she did. I thought it was important, not only for her but for everybody.

I was pleased with the case because I thought it was a policy that needed to be changed. It was not only helpful to that person but to all the clients who were able to have dogs.

There was another woman who told her husband she was younger than she actually was. In fact, she was older than he was, and so had not told him the truth. Now, that's logical. I could understand that. So I asked her to relate her age to other people's ages. She told me she was two years older to the day than her sister. I said, "Well, where is your sister?"

"She is dead," she said. Then she added, "She's buried out here in the cemetery."

So, without telling her, I went to the cemetery and found her sister's grave. There was the date of her sister's birth, exactly as she had said it was.

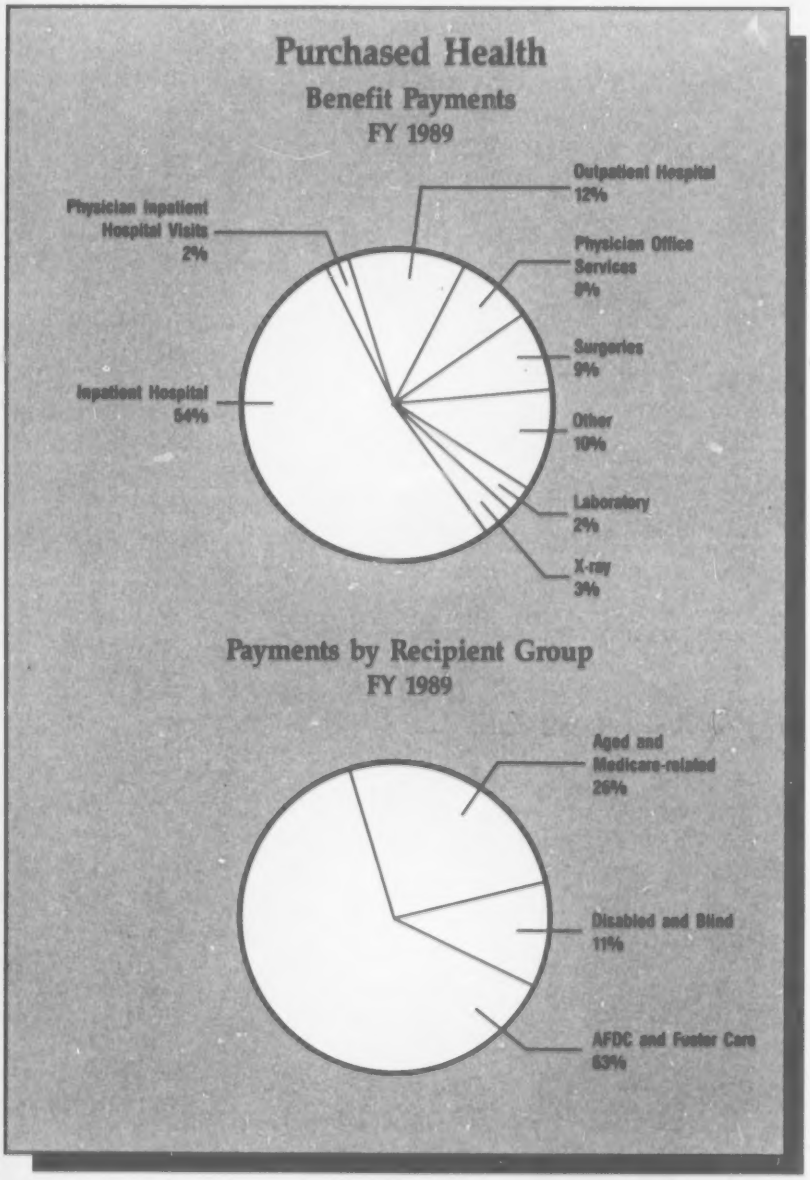
I remember one of the cutest old women I ever had for a client. You could see that she was as old as a tree. She was old, and there was no question about it.

At one time, we were allowed to take the information clients gave us and decide if they were eligible even if they didn't have papers to prove it.

I was talking to her and asking about things way back to see if she remembered. I mentioned the Galveston flood, and she remembered that. She was well aware of things, and I was certain she was old enough. So I said, "Well, do you remember the fall of Rome?"

She said, "That's what that noise was I heard! That was when I was a little girl." ■

Baylor Durham, Waco



person exhausts benefits before leaving the hospital. Finally, the 30-day spell-of-illness limitation for physician services to people in inpatient hospital settings was eliminated.

Texas is somewhat unique in that its PHS program is partially administered through contract under an insured arrangement. In fiscal year 1989, proposals were accepted for the insured arrangement contract. Following an extensive review and evaluation process, the contract was awarded for a four-year period, with provision for two two-year extensions, to the National Heritage Insurance Company (NHIC), which has held the contract since January 1977. Under the contract, which goes into effect Sept. 1, 1989, NHIC will receive an average administrative fee of about $2 per recipient month for processing claims, a 17.1 percent drop from the previous contract charge. Further, NHIC is limited to a profit of 5 percent of the audited cost of administration, down from the 10 percent formerly allowed.

The department maintained its commitment to efficient administration of the PHS program. Utilization review continued its aggressive policy of assuring that submitted bills are appropriate and that any available third-party resource, such as Medicare or private insurance, was used before any Medicaid payment was made. By requiring third parties to pay first, the department avoided costs of more than $660.7 million.

During fiscal year 1989, 1 million eligible recipients were covered with medical care at a cost of $1.113 billion. This represents an increase over the previous year when 944,875 people received health care services at a cost of $878 million.

Indigent Health Care

In 1985, the 69th Legislature passed major indigent health care legislation to provide health care services to medically needy people who do not qualify for Medicaid. One component of the legislation, the County Indigent

Health Care Program (CIHCP) provides health care benefits to the poorest of the poor. DHS is legally responsible for establishing CIHCP guidelines.

CIHCP covers the 141 counties not fully served by public hospitals or hospital districts. According to the law, if an indigent patient is a resident of a county area not served by a public hospital or hospital district, the county is financially responsible for the patient's health care. Legislation enacted in 1987 and 1989 increased the number of counties liable for health care by eliminating the indigent health care responsibilities of certain public hospitals.

Marion Post Wolcott, 1939

A county is legally liable for spending up to 10 percent of its general revenue tax levy for hospital and medical services for county residents who meet AFDC income and resource limits but are categorically ineligible for Medicaid. These people are primarily men, non-pregnant women, women without dependent children, married couples and illegal entrants to the United States. Their incomes are below 25 percent of the federal poverty level.

Once a county reaches the 10 percent limit, the department reimburses 80 percent of additional county expenditures. While total county liability is unlimited as long as state assistance funds are available, liability for each eligible resident is limited to $30,000 or 30 days of hospital or skilled nursing facility care per year.

Eligible county residents receive inpatient and outpatient hospital care, physician services, laboratory services, X-rays, family planning services, skilled nursing care and up to three prescribed drugs per month.

The department develops rules used by counties that operate the program and provides technical assistance and support. Service definitions and payment rates are based on the Medicaid program. The department is also responsible for resolving residency disputes between governmental entities and providers but has no program enforcement authority. A health care coordinator in each DHS region serves as liaison between the department and local health care programs.

The 1985 legislation also requires public hospitals to provide inpatient and outpatient services to eligible residents who live within their service areas. Currently, public hospitals and hospital districts are responsible for providing indigent health care in 113 counties.

Public hospital eligibility requirements cannot be more restrictive than those the department developed for counties. The 70th Legislature

Russell Lee, 1938

exempted hospital authorities from the responsibilities mandated for public hospitals. The 71st Legislature exempted certain leased, city-owned and city and county-owned hospitals from public hospital responsibilities.

Hospital districts are required to provide indigent residents with the health care services specified by the state constitution and enabling legislation. The 71st Legislature enacted legislation which may make it easier to create hospital districts.

During fiscal year 1989, counties spent more than $19 million in local funds for mandatory services for eligible residents, up from $18.6 million in fiscal year 1988, and approved more than 10,480 households for health care services, as compared to more than 11,715 households approved last year. While only 12 counties received state assistance last year, 11 counties received about $2 million in state matching funds in fiscal year 1989, less than the $3.2 million in state matching funds distributed in fiscal year 1988.

Distribution of federal State Legalization Impact Assistance Grant (SLIAG) program funds to CIHCP counties is also the department's responsibility. SLIAG was established under the Immigration and Reform Act of 1986 to partially defray the financial impact on state and local governments from providing health, public assistance and educational services to eligible legalized aliens.

Counties providing health care services to legalized aliens under the act are eligible for 100 percent federal reimbursement for service costs through the SLIAG program. Counties spent about $.5 million to cover services for legalized aliens in fiscal year 1989. A recent federal Medicaid expansion reduced county caseloads and expenditures by enabling certain illegal entrants and eligible legalized aliens to qualify for Medicaid.

The 1985 indigent health care legislation required the department and TDH to implement a computerized Integrated Eligibility process for a more coordinated intake and referral process for the various health care programs.

Integrated Eligibility is designed to ease client access to health and human service programs by bringing a number of programs together at a single entry point. Using the process, staff in health care settings can quickly assess a client's situation, channel the

client into the appropriate program and assist the client through the application process to expedite the eligibility determination. Integrated Eligibility ensures that the appropriate funding source pays for the service, thereby maximizing use of federal funds and reserving local and state money.

By the end of the fiscal year, seven new Integrated Eligibility sites were operational, bringing the total to 18 throughout the state. More than 185 other sites, ranging from county eligibility programs to public hospitals, reported using Integrated Eligibility screening tools to help refer clients to the programs that can most effectively meet their needs.

Coordination of services and program eligibility continues to be the major accomplishment of the Integrated Eligibility process. Health and social service providers at the state and local levels are working together to reduce overlaps and gaps in services, establish single points of entry when possible and explore more prudent funding possibilities. As a result, client access to services and program eligibility has been eased, duplication of efforts among agencies has been reduced and appropriate use of state and local funds has been ensured.

As health care programs continue to expand, the Integrated Eligibility program continues to generate interest among health and human service providers throughout the state. The Legislature appropriated $923,542 for the program in fiscal year 1989.

Austin History Center

Pharmacy Services

The Texas Vendor Drug program was implemented Sept. 1, 1971. Throughout the 1970s and the early years of this decade, state funding was available to cover expanding Medicaid caseloads and increased costs of drug products and pharmacy dispensing fees. Early problems with the claims payment system were ironed out by the mid-1970s, and the Texas program was hailed as a national model of economy and efficiency.

In the 1986–87 biennium, however, appropriation levels were frozen, amounting to a 10 percent to 12 percent reduction in funds due to inflation factors. To deal with funding constraints and maintain a modest level of drug

coverage, the agency adopted several policy changes. The Estimated Acquisition Cost policy was changed Sept. 1, 1985, to include consideration of purchase discounts routinely received by pharmacies from drug suppliers. Reimbursement policies were changed to require the use of therapeutically equivalent generic drug products when possible. And a sliding-scale dispensing fee was implemented to stem the steadily increasing costs in this area while still encouraging contracted pharmacies to continue participation in the program.

As a result of these efforts, the program has saved more than $105 million in state and federal funds during fiscal years 1986 through 1988. These savings allowed the program to continue providing up to three prescription medications per month for Medicaid recipients and add the expensive drug AZT to the Medicaid formulary for Medicaid victims of AIDS. The program also now has more pharmacy contractors participating than at any other point in its history, a total of 3,520 this fiscal year.

With the expansion of Medicaid coverage, the Vendor Drug program served an additional 22,000 children and pregnant women. About 120 Medicaid AIDS patients per month received the drug AZT through a cooperative agreement with the Texas Department of Health. TDH supplied AZT to low-income recipients under a special federal grant. DHS identified and paid for Medicaid eligibles through the Vendor Drug program.

The average prescription price increased from $16.83 in fiscal year 1988 to $18.46 in fiscal year 1989. Total expenditures increased from $139 million to $160.6 million during the same period, and the number of prescriptions increased from 8.2 million to 8.7 million.

Medical Transportation

The Medical Transportation program began in 1974 as a result of a court order to provide transportation for eligible Medicaid recipients to access Title 19 services.

Appropriations for the medical transportation program have remained fairly level since the beginning of the program. In fact, until fiscal year 1986, riders to the department's appropriation prohibited transferring lapsed funds to the transportation program.

As a result, many program initiatives over the years have been aimed at stretching available dollars. In the past two bienniums, the program expanded services by negotiating more reasonable unit rate contracts and monitoring to ensure services are provided only to eligible recipients. Increased uniformity of contract administration has resulted in greater program efficiency. Regional transportation staff received automation training this year to further increase program efficiency.

To help Medicaid clients make use of medically necessary services, the department furnished non-emergency transportation through contracts with metropolitan transit authorities, local taxi companies, independent school districts, community agencies, private corporations and other organizations. More than 475 volunteers also provided transportation and were reimbursed for mileage.

The department spent $4.9 million to pay for 589,516 one-way trips in fiscal year 1989 as compared to 590,981 one-way trips purchased for $4.7 million last year. The average cost per trip increased when additional services were provided in rural areas where greater distances increased costs. ■

Arthur Rothstein, 1937

Administration

Administration

When the Department of Public Welfare was established in 1939, its responsibilities encompassed child welfare, old age and relief assistance.

For 50 years, the department has continued to administer changing and expanding financial assistance programs financed by federal and state funds and to offer social services for families and children and elderly and disabled people. In fiscal year 1989, the department provided services to more than 2 million Texans. The year's budget was $3.5 billion, and the staff numbered 14,446.

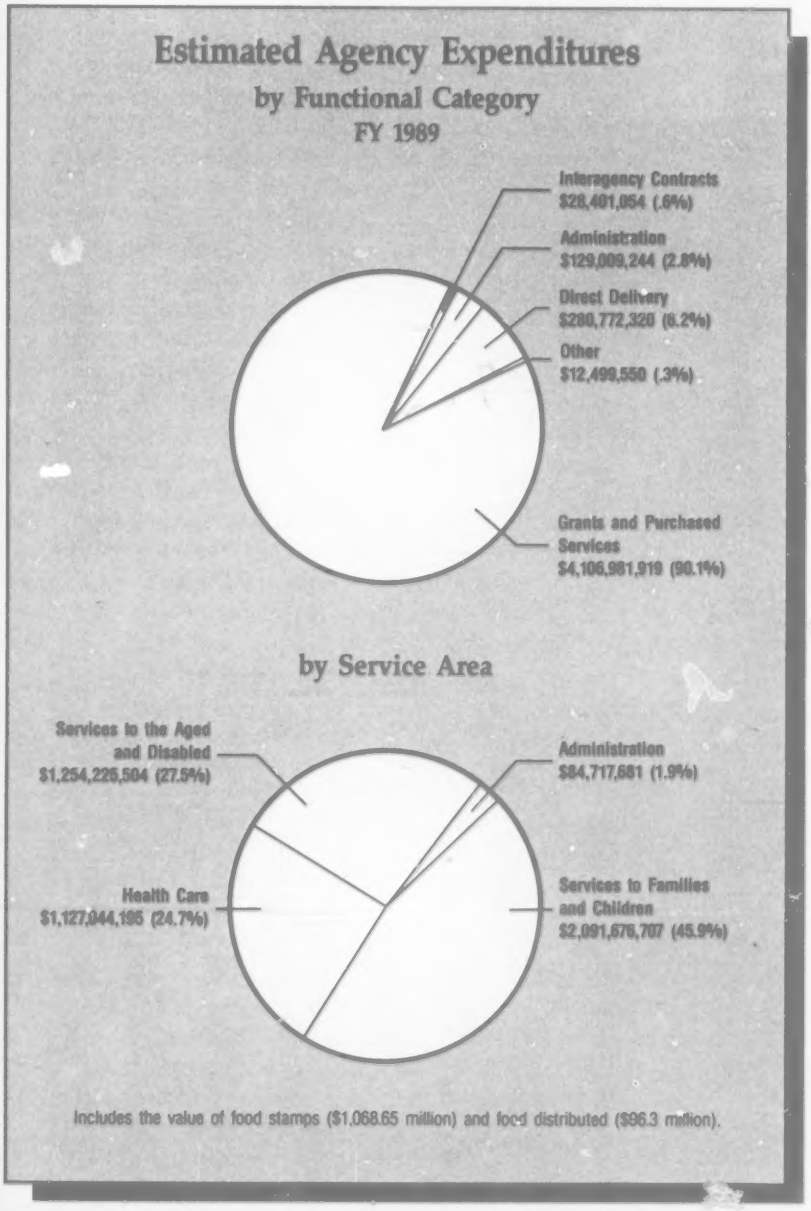
Russell Lee, 1949

Administration

During fiscal year 1989, the department disbursed, in state and federal dollars, more than $4.6 billion, including the value of food stamps and distributed food. A significant portion of that total, or $3 billion, came from federal sources.

Nearly 90.1 percent of the budget goes for direct client benefits such as food stamps, commodities, grants and purchased services. These funds augment city and county budgets and flow directly into Texas communities. About 6.2 percent of the budget pays for direct delivery staff, primarily child protective services workers and those who determine eligibility for AFDC, food stamps and Medicaid.

Of the total budget, the department spent only 2.8 percent on administration, one of the lowest percentages in state government.



Information Systems

The department began looking at information systems as a way to cut costs and increase efficiency as early as 1963. During fiscal year 1989, the Office for Information Systems (OIS) continued to support agency efforts to automate both its direct service delivery programs and administrative functions. This year, 1,760 workstations were added to the network, the majority of which were in support of Income Assistance Services and Medicaid Eligibility staff.

The department received first-level certification from the U.S. Department of Health and Human Services to implement the Family Assistance Management Information System (FAMIS). Department staff began developing this system in 1985 to provide a statewide mechanized claims processing and information retrieval system for the AFDC program. FAMIS certification entitles the department to obtain an additional $3.5 million in federal funding for data processing equipment and operating costs asso-

ciated with the Income Assistance WelNet project. All necessary approvals for acquisitions to complete the Income Assistance WelNet project were obtained in fiscal year 1989. Installation and training will be completed by July 1990.

Other efforts to enhance direct delivery of services and agency administration were undertaken during the year. A client intake system for Services to Aged and Disabled was implemented in December 1988. This system supports field staff who provide adult protective services, community care for the aged and disabled and Medicaid eligibility determination.

The Medicaid Eligibility Worksheet was developed and is currently being piloted in direct service delivery offices located in San Antonio, Wichita Falls, Beaumont and Corpus Christi. Statewide implementation is expected to occur in February 1990.

Full implementation of the Financial Management Information System (FMIS) was completed in August 1989 with follow-up activities completed in September 1989. The FMIS system, developed with the assistance of Andersen Consulting Co., will streamline the agency financial management process, as well as meet the requirements of the Comptroller's Uniform Statewide Accounting System.

The computer mainframe systems at Edinburg, Arlington and Houston were centralized at the main data center in Austin and the remaining node at San Antonio. Only communications and printer equipment remain at these locations. This action resulted in more efficient and prompt support for all users, as well as a $219,000 decrease in the annual nodal site operating costs.

The department installed an automated cartridge tape system at the main data center in Austin to replace conventional tape drives and controllers and reduce manual retrieving, loading and storing of tape reels. This system is expected to result in a cost avoidance of $27,424 per month.

Competitive bidding for maintenance of distributed communications processors, as well as the central site and the San Antonio disaster recovery site, resulted in a five-year cost savings of approximately $2.4 million, or about $40,000 per month.

Staff provided substantial support to the Automated Information and Telecommunications Council (AITC). A member of OIS serves as a member of the council. Department staff helped revise the AITC systems planning guidelines used by all state agencies and universities and helped plan the Disaster Recovery Operations Center.

At the request of the assistant state librarian, department staff reviewed the Texas State Library and Archives Commission's (TSLAC) transition from a centralized mainframe to a distributed computing system and made recommendations for further study by the TSLAC.

The fiscal year 1989 information systems budget of $45.8 million supported a staff of 454, current computer operations and major equipment acquisitions, including more than $9.2 million in direct support of Income Assistance Services.

Personnel, Business Services

To help staff effectively use the department's expanded automated service delivery and administrative systems, the Staff Development Division's primary effort

this fiscal year has been increasing its computer-based and computer-assisted instructional capability. The division also provided specific management training for mid-level managers in the state office to help them better carry out their complex responsibilities.

The department began efforts to simplify major personnel policies and procedures by establishing task forces to study and streamline procedures for employee complaints, selection and promotion and disciplinary actions. Final recommendations will be made in fiscal year 1990.

The process of filling vacancies was streamlined by testing applicants for worker and clerical positions in groups and placing eligible applicants in a pool to be hired as vacancies occur. This procedure has allowed vacancies to be filled much sooner. Selection procedures were standardized for income assistance eligibility workers, child protective services specialists, Medicaid eligibility workers and regional, entry-level clerical classifications to allow better applicant selection and time savings.

Staff completed a statewide clerical study involving about 3,000 clerical jobs, and resulting classification changes were implemented in May 1989.

A statewide employee assistance program, including assessment and referral services and a 24-hour, counselor-answered helpline, was made available Nov. 1, 1988, through Hazelden Services Inc. The program was used by 16 percent of the department's employees.

The second annual "Race Across Texas," a statewide employee fitness program, included more than 1,300 participants. Cash awards totaling $6,400 were used for employee wellness-related activities statewide.

A DHS Insurance Advisory Committee was established in January 1989 to gather employee comments about the group insurance program. As a result, dental insurance was made available for the first time to employees. Improved benefit communication efforts were also initiated this year.

Participation in TexaSaver increased significantly to 1,478 employee enrollments. Deferred compensation enrollments decreased slightly to 753.

The Civil Rights Division continued to provide counseling and advice to management staff as well as employees of the department. The division handles more than 50 inquiries daily from department staff and external agencies.

This year, with the assistance of the User Services Division, the Civil Rights Division implemented a statewide automated system for tracking and reporting civil rights actions. Once the system was operational, all regional civil rights officers and their administrative support staff were provided training on the use of the system. The division also co-sponsored Uniform Federal Accessibility Standards training for most state agencies and DHS regional civil rights and business officers.

The division continued to operate two programs specifically targeting disabled persons: an adaptive equipment program which purchases specialized equipment for disabled employees and volunteers and a statewide interpreter services program that provides funding of interpreters for deaf recipients and employees of the department.

The division completed the department's 1989 Affirmative Action Plan. This year, modifications were made to

Recollections: From Hollywood to Human Services

Russell Lee, 1937

In the spring of 1933, I went with my aunt to California. She told me that she could help me get a fabulous job—perhaps in the movies or on radio.

I had done several things in newspapers and publicity since finishing college, but the jobs paid little. They did not last long because money was not available, so I was the first to go because I had been the last employed. When this happened with the *Mobeetie News*—I was editor for eight months—in the Panhandle, I accepted my aunt's invitation.

California had been calling for everybody to come to their paradise, but in 1933 they could not take care of their own. The only real job I could find was rewriting a book on diet deficiency diseases for a German doctor whose English was very poor. I knew no German, so I just translated as best I could from what he tried to write in English. That took me three months—at my aunt's expense. The doctor paid me $150.

I came home on the last part of that money on Jan. 1, 1934, in complete defeat. With no other way to turn, I finally agreed to teach in a rural school beginning in the fall. After I left the county superintendent's office, I met a friend who was a casework supervisor in the county relief office.

"Marj, what are you doing now?" she asked.

"I'm not doing anything, but I've given up looking for a journalism job and accepted work in a school for the fall," I said.

"But you won't be working through the summer. Why don't you come over and type for us until then?"

I went to the relief office behind Oates Drug Store. It was a large place with little office space since it served as the storage space for commodities for the families on the county relief roll. There were six people working in the office. And three men were caseworkers who visited in the clients' homes. They came in each day.

There were no fans, and big cartons of canned meats and sacks of flour and cornmeal were stacked high against the walls, leaving very little room or privacy for the four or five desks provided for the staff and their clients.

Nearly every day in the hot summer, several cans of meat exploded. We were nearly always working in a very smelly, unpleasant place.

When we began to notice that the smell was getting worse than usual, the men would hunt for the guilty cans. These men were working for the county, handling distribution of the commodities. They worked stripped to the waist and climbed around over those rows of boxes sniffing like dogs to find the offending row. When they found it, they unloaded the stack from the top down to pull the rotten carton, replaced it and then rebuilt the stack.

On the hottest days, this could happen more than once. Any men who came into the office to see about jobs—which were non-existent—or to get their pitiful share of relief money or the canned meat, butter and beans issued, always liked to help with the unstacking and stacking job. It gave them a feeling of being a part of it all and helping out with the work being done for them. To these regular clients, ours was just "the office." ■

Marjorie Whiteker, Austin

the Human Resource Management Information System (HRMIS) to allow the division to make statewide direct data entry changes to the Equal Employment Opportunity (EEO) status of individual employees. This will permit a more accurate reflection of functional duties as they relate to EEO categories rather than having to rely on state classification information on a specific position.

All DHS employees received training on how to handle dangerous materials on the job, as required by the Texas Hazard Communications Act. New staff will receive this training at orientation.

The department began streamlining the employee accident reporting process by consolidating three reporting forms into one. The new form will be implemented pending review by the Attorney General's Occupational Safety Office.

Russell Lee, 1939

The cost of long-distance telephone service and data circuitry increased significantly during the past fiscal year. The rise is attributed to deregulation of the telephone industry and loss of long-time, highly favorable tariffed services. These factors, coupled with the loss of a significant legislative subsidy during the two prior bienniums that kept department telecommunications costs artificially low, increased costs almost 100 percent.

The department is working with the State Purchasing and General Services Commission on network optimization to help reduce costs. An example of this effort is the installation of a microwave network, using the Winters Center in Austin as a focal point to serve all agencies in the vicinity. The installation is expected to reduce costs by 25 percent initially and up to 50 percent in the future.

The Printing Services Division (PSD), operating with a staff of 27 people, produced more than 300 million printed impressions and was rated among the top 100 government in-plant printing operations in the United States by industry sources this fiscal year. The division experienced a substantial increase in demand for printed forms due to recent agency program expansion and the resulting reproduction of policy materials and department publications.

The division continues to enforce graphic and printing management production policies to help control agency publishing costs. A competitive cost review program mandated by the agency's Sunset Legislation determined that PSD's present costs are lower than published state contract prices. The Printing Services Division has offered department employees a cost-effective, reliable and convenient service for nearly 25 years.

Staff in the Budget and Data Analysis Division maintain and update DHS budget information and stand-

ard planning data. In preparation for the 71st Texas Legislature, DHS executives used this budget and planning data to develop the department's Legislative Appropriation Request. During the legislative session, the division supported executive staff in responding to requests from legislators for budget information and fiscal notes. Fiscal notes are formal requests to an agency from the Legislative Budget Office for the state fiscal impact of proposed legislation. For the 71st Legislature, the division coordinated the review and analysis of 177 fiscal notes; 99 were requested during the previous session.

Reliable information about the health and human service needs of Texans is scarce. To supplement existing U.S. Census Bureau and state economic and demographic data on poverty populations, the division conducted the 1989 Special Texas Census. Questionnaires were mailed out to more than 44,000 Texas households, asking for information about household size, income, health insurance, disabilities, employment and child care. In fiscal year 1990, the data collected will be used to build the population need indicators and performance and workload measures in the department's Legislative Appropriation Request for 1992 and 1993.

Fraud Control

The Investigation Division was established in November 1974 to detect and prevent fraud and abuse by recipients, providers and staff in the department's programs. At the end of its first year of operation, division staff had investigated 7,255 food stamp and AFDC referrals and presented 4,500 of them for prosecution. Twenty-one of 47 pharmacy fraud cases were presented for prosecution that year. Other investigations included theft and forgery of state warrants, nursing home and child abuse, internal affairs, civil rights, the black-market of newborn babies and medical fraud. The division was also responsible for locating absent fathers.

The Investigation Division and the Audit Division were incorporated into the newly established Office of the Inspector General (OIG) in 1984. The consolidation of the two divisions was part of the department's continuing efforts to prevent the occurence of and opportunity to commit welfare fraud, as well as to enhance accountability of those who receive benefits from DHS programs. Because funding for DHS programs and client assistance has not kept up with a growing caseload in recent years, the responsibilities of the OIG have become even more important.

During fiscal year 1989, Investigation Division staff completed 10,570 investigations involving $12.4 million in overissuances. Court adjudications were obtained on 2,296 cases, and 5,655 cases of suspected fraud were handled in administrative disqualification hearings. Restitution collected in fiscal year 1989 was $4.5 million.

Pre-certification investigations were used as a means of preventing fraud before AFDC and food stamp benefits were disbursed. In fiscal year 1989, about 20 percent of OIG field investigators worked cooperatively with income assistance eligibility workers to detect potentially fraudulent applications. By the end of the year, 1,401 investigations had been conducted, yielding an estimated savings of $3.5 million.

The Central Disqualification Unit was formed within the OIG Support

Division this year to disqualify recipients found guilty of fraudulently receiving benefits. A pilot study is being conducted to determine the effectiveness of using credit bureau reports to either locate individuals or assist in determining the fiscal status of someone applying for benefits.

The Welfare Fraud Hotline recorded 1,252 calls during fiscal year 1989.

Audit Division staff completed 357 cost audits and 2,682 desk reviews of provider cost reports that detected $41.3 million in unallowable costs. Division staff also conducted 882 compliance audits of $526.5 million in agency expenditures and desk reviewed 505 single audits.

Staff also audited the Medicaid contract with the National Heritage Insurance Co. (NHIC). During the fiscal year reviewed, NHIC received and processed 5,746,861 claims from providers for services to the department's clients.

Internal audit staff completed 10 audits of departmental activities, reviewed the status of corrective action plans of four prior audits, and provided substantial assistance to the state auditors during their annual review of the department's operations.

Based on an evaluation of computer versus manually calculated audits, the Audit Division purchased 55 laptop computers for field auditors and six for internal use. Printers will be ordered in the future, and additional computer applications to support audit functions are being developed.

A quantitative system of measuring audit staff productivity was implemented, resulting in a 25 percent productivity increase. During the year, the Single Audit Hotline staff answered 318 calls from providers and certified public accountants requesting information about the Single Audit Act of 1984.

Advisory Committees

The department has actively sought citizen involvement through advisory committees for many years. In 1981, the Texas Board of Human Resources restructured the way advisory committees operated and directed that an executive coordinator of advisory committees be appointed to coordinate and oversee all committee activities. The executive coordinator reports directly to the commissioner and serves as the liaison between the commissioner, the board and the advisory committees.

The board also required that all policy-related agenda items be reviewed by the appropriate advisory committee prior to presentation to the board. Each item indicates the committee's support or non-support of the proposed policy. The role of advisory committees in the policy process was further formalized by legislation passed in the 70th Legislative Session. That legislation requires that all rules and policies be presented to the appropriate committee during development stages and allows committee involvement to be bypassed only on an emergency basis.

The number of committees has varied over the years according to board initiatives and department structure. At the end of this fiscal year, there were 12 active committees with 170 members. The Adolescent Pregnancy and Parenthood Advisory Committee, the Family Planning Interagency Advisory Council and the County Indigent Health Care Advisory Committee were added this year.

In addition to their review of policy issues, advisers played a key role during the 71st Legislative Session. Many spent countless hours testifying at

hearings and communicating the needs of the state's citizens. The support of advisory committee members continues to be one of the major assets available to the department and the board.

Volunteers

Voluntarism is an American tradition. The American belief in the importance of each individual and the importance of taking responsibility for others in need motivates volunteers to become involved in public services.

Russell Lee, 1938

The department was fortunate to have more than 13,000 volunteers each month involved in providing critical services to clients and valuable assistance to staff during the fiscal year. They donated more than 1 million hours in such jobs as answering hotlines, monitoring cases, determining eligibility, typing, filing, entering data, providing foster care, providing information and referral, participating in telephone reassurance programs and delivering meals.

Volunteers continued to provide critical emergency help to clients and applicants by providing food, clothing, shelter, transportation and medical care. Members of the department's advisory committees continued to give their time in reviewing program policies and advising the staff and the board. And the six-member Texas Board of Human Services continued to volunteer their time hearing testimony from concerned citizens, advocating for human services, and setting policy and goals to meet the needs of the poor.

Special Services

The department provides information and referral services to clients, public officials, out-of-state agencies and the general public. In fiscal year 1989, the Special Services Division responded to a monthly average of 1,000 written and more than 3,000 telephone inquiries.

To help reduce fraud and abuse, division staff also respond to other state agencies' inquiries about the benefit status of applicants recently moved from Texas. During the fiscal year, division staff responded to a monthly average of 1,400 such calls.

The department continued to administer the Voluntary Adoption Registry, the only legal avenue for adopted children, birth parents and biological siblings to locate each other if they wish. Restrictive laws regulating the registry, however, have allowed only three matches since the registry was established in 1984. Currently, 208 people are registered.

Division staff also release non-identifying social and medical information to adoptees wanting information on their backgrounds. During the fiscal year, information was provided to almost 425 requestors.

Management Initiatives

Three major studies of the department were conducted this fiscal year to identify impediments to efficient and effective management and to recommend improvements to maximize the quality of service delivery and efficient operation of the department.

The first study was conducted by the Governor's Operational Audit Team, composed of 10 volunteers from the private sector and other state agencies. The team reviewed DHS offices throughout the state to assess the efficiency and effectiveness of the department's management support functions and organization, and to recommend improvements.

The Office of Strategic Management and Development implemented the second study, a department-wide employee opinion survey. The purpose of the survey was to gather employee comments and ideas on how to increase organizational performance and improve the quality of work life at the department.

The third management study was conducted by Touche Ross, a consultant firm under contract with the department. The scope of the six-month study addressed the department's administrative structure, including roles and responsibilities of state and regional offices, and staffing levels and patterns for all programs and support areas. The management experts reviewed program operations, such as policy development and interpretation and service delivery practices in Child Protective Services and Income Assistance Services. They also reviewed computer operations in both state office and field offices.

Results of the studies, to be released in early fiscal year 1990, will be used as a basis for making decisions on how the department delivers services and how personnel and resources are allocated. ■

Russell Lee, 1936

Commissioner's Report

Commissioner's Report

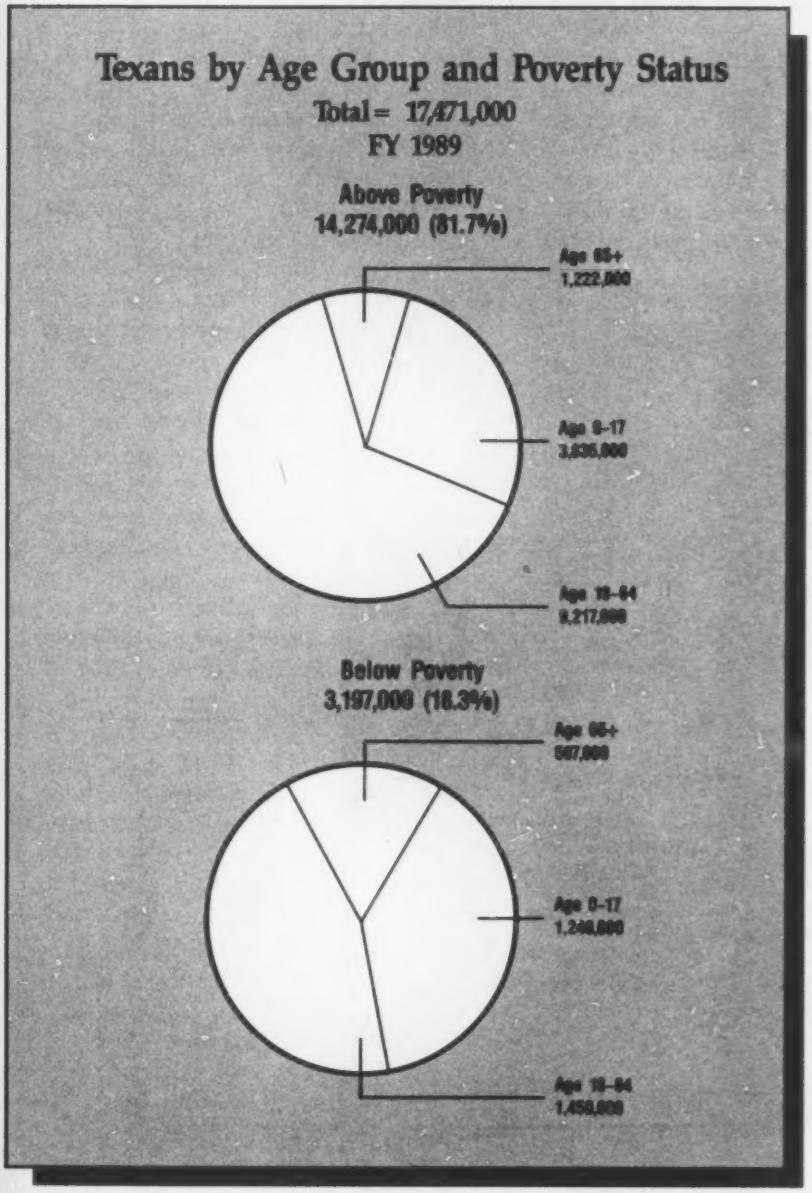
As we celebrate our 50th year of service to the state's needy and vunerable citizens, the department welcomed a newly expanded board of six members; acquired new federal mandates on welfare reform, nursing home reform and catastrophic care; and received new state legislative mandates and funding. These changes provide an opportunity for a fresh evaluation of goals, programs and performance.

The year has been one of transition, a year of preparation for a new decade of concern about self-sufficiency and care for those in need. Expansions in federal and state programs will require a renewed emphasis on accountability, fiscal responsibility and efficiency. We will develop a new strategic plan to incorporate these new directions into the goal of better serving our clients. The plan will recognize that this department exists primarily to serve our state's needy children and their families, elderly people and disabled people.

Russell Lee, 1949

The new federal nursing home reform mandate requires improvements in care for nursing home residents. Combined with our own case-mix reimbursement initiative, we can expect increased patient care. The federal catastrophic care legislation provides access to Medicare benefits to help elderly patients maintain their health. We will continue to work within these new programs to improve the quality and availability of care.

One of our greatest challenges continues to be the protection of vulnerable children and elderly people. Through a restructuring of our approach to planning, budgeting and service delivery, we hope to better protect those at risk and identify those most in need of intervention.



With the help of public awareness campaigns, we hope to find more foster homes for children who have suffered too much.

To see that the special needs of disabled people of all ages are addressed, we will establish an Office of Services to Persons with Disabilities. This office will provide increased leadership and focus for department initiatives to improve and expand needed services. We are forming a Task Force on Disabilities that will be charged with identifying and refining initiatives to be addressed. And, of course, we will cooperatively work with other state agencies to coordinate services to more effectively meet the identified needs.

The federal welfare reform mandate presents a challenge to establish public-private partnerships for the development of meaningful jobs for our clients. Through proper education and training, welfare recipients can enter the job market and end their dependency on the welfare system. We must, however, ensure the availability of quality child care and jobs with a future to help them on their way. With interagency efforts and community involvement, the goal of self-sufficiency can be a reality for many dependent families.

This new decade must bring an environment receptive to creative solutions and interagency cooperation to prevent future problems. Our concerns about the effects of drug and alcohol abuse and teen-age pregnancies on the families at risk of dependency can be resolved through joint efforts with other agencies. Our skillful use of case management techniques and automation can enable us to successfully help our clients to become self-sufficient.

Dorothea Lange, 1936

We will emphasize communication by listening to the concerns and suggestions of our diversified communities in Texas. Through public hearings in each region, the ongoing work of advisory committees, and community forums on needs of aged and disabled people, the department will receive information to be used for the legislative appropriation process as well as policy decisions.

As we look to our next 50 years of service, we are entering a new era with new visions of clients served by a more sensitive, productive system that can clearly account for its resources, its products and its successes. ■

Source Unknown

Statistics

Statistics

Contents

Statistical Information

Estimated Expenditures by Method of Finance 110
Benefits by Region 111
Financial Information by County 112
Summary of Agency Information by County 119
Aged and Disabled Benefits by County 126
Families and Children Benefits by County 133
Regulation of Day-care Facilities by Region 140
Regulation of 24-hour Care Facilities by Region 141
Licensed, Certified and Registered Child-care Facilities by Number, Capacity and Percent Change 142
Licensing Staff by Function 143
Social Work Certification Activities 143
Administrators' Licensing Activities 144

Estimated Expenditures by Method of Finance
Fiscal Year 1989

	Total $	Federal %	State %	Other %
Services to Families and Children				
Aid to Families with Dependent Children	371,788,432	58.86	39.39	1.75
Income Assistance Program Delivery	152,027,443	50.28	48.92	.80
Food Services	61,964,121	98.65	.26	1.09
Energy Assistance	19,866,973	92.58	1.96	5.46
Disaster Assistance	16,846,060	75.00	0	25.00
Protective Services for Abused and Neglected Children	151,640,466	53.94	45.51	.55
Children's Trust Fund	1,207,479	18.63	81.37	0
Family Self-support Services	133,393,560	74.87	24.23	.90
Licensing	9,478,802	70.51	25.87	3.62
Refugee Assistance	7,124,824	100.00	0	0
Special Projects	1,428,547	90.29	1.93	7.78
Total, Services to Families and Children	**926,766,707**	**63.06**	**35.19**	**1.75**
Services to the Aged and Disabled				
Long-term Institutional Care	563,490,516	59.07	40.93	0
Intermediate Care for the Mentally Retarded[1]	286,355,778	85.24	14.76	0
Vendor Drugs	160,564,755	58.48	41.52	0
Medical Transportation	4,904,814	55.36	41.35	3.29
Community Care for Aged and Disabled Persons[2]	174,903,156	67.68	30.79	1.53
Adult Protective Services	11,088,169	54.94	44.74	.32
Services to Aged and Disabled Program Delivery[3]	52,521,675	65.72	33.62	.66
Special Projects	396,641	71.53	3.11	25.36
Total, Services to the Aged and Disabled	**1,254,225,504**	**66.40**	**33.33**	**.27**
Health Care Services				
Purchased Health Services	1,112,458,254	58.63	41.37	0
Health Care Services Program Support	6,061,971	66.09	33.91	0
Indigent Health Care	8,523,970	34.17	61.72	4.11
Total, Health Care Services	**1,127,044,195**	**58.48**	**41.49**	**.03**
Agency Administration				
Central Management Support	19,562,149	62.17	36.82	1.01
Field Management Support	19,836,352	61.74	38.13	.13
Information Systems	40,180,647	47.67	52.30	.03
Renovations and Capital Outlay	5,138,533	19.97	80.03	0
Total, Agency Administration	**84,717,681**	**52.63**	**47.09**	**.28**
Grand Total[4]	**3,392,754,087**	**62.51**	**36.90**	**.59**

[1] Includes estimated federal expenditures through the revolving fund and administrative contracts with MHMR.

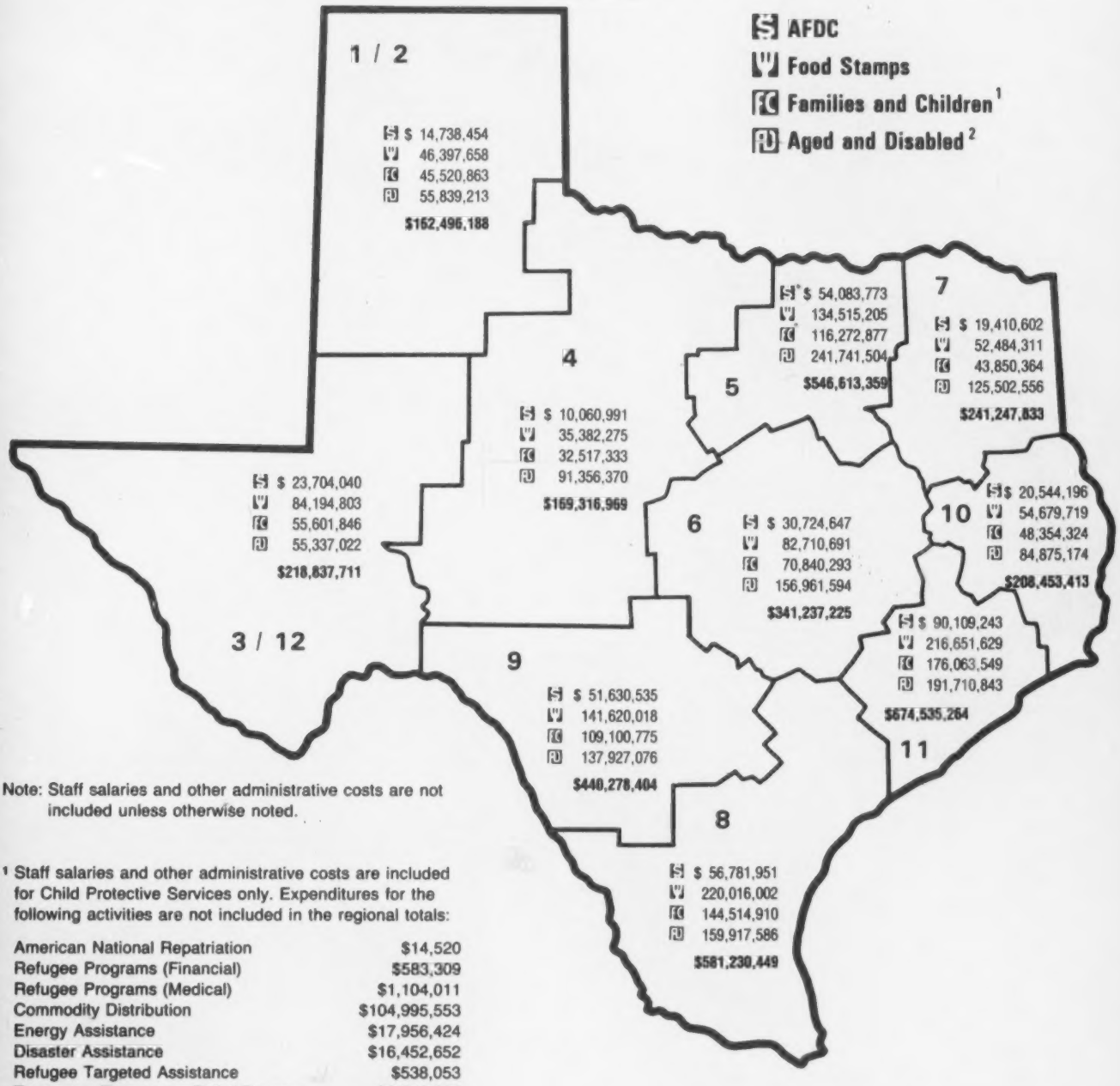
[2] Includes estimated expenditures for the ICF-MR 1915(c) waiver.

[3] Includes estimated federal expenditures for the Survey and Certification and the Quality of Care Administration interagency contracts.

[4] Does not include the value of food stamps ($1,068.65 million) or the value of food distributed ($96.26 million) by the department.

Benefits by Region

Fiscal Year 1989



Note: Staff salaries and other administrative costs are not included unless otherwise noted.

[1] Staff salaries and other administrative costs are included for Child Protective Services only. Expenditures for the following activities are not included in the regional totals:

American National Repatriation	$14,520
Refugee Programs (Financial)	$583,309
Refugee Programs (Medical)	$1,104,011
Commodity Distribution	$104,995,553
Energy Assistance	$17,956,424
Disaster Assistance	$16,452,652
Refugee Targeted Assistance	$538,053
Temporary Emergency Relief Program	$2,013,072

[2] Staff salaries and other administrative costs are included for Adult Protective Services only. Expenditures for State Schools are not included in the regional totals:

State Schools	$319,790,145
Client-managed Attendant Care	$1,114,395

Financial Information by County
Fiscal Year 1989

County	FOOD STAMPS		AFDC			FRAUD (In AFDC and Food Stamps)		
	Participants (Monthly Average)	Food Stamp Value (Total FY)	Families (Monthly	Recipients[1] Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total
ANDERSON	3,481	$ 2,127,208	380	1,097	$ 740,818	3	9	12
ANDREWS	1,210	796,552	130	395	267,336	1	4	5
ANGELINA	7,292	4,662,505	786	2,346	1,612,143	22	28	50
ARANSAS	2,184	1,475,810	195	580	403,012	2	9	11
ARCHER	181	101,636	11	35	23,310	0	2	2
ARMSTRONG	**53**	**34,966**	**4**	**17**	**10,580**	**0**	**0**	**0**
ATASCOSA	**5,965**	**3,739,045**	**517**	**1,693**	**1,119,449**	**19**	**39**	**58**
AUSTIN	**1,418**	**831,875**	**147**	**428**	**281,872**	**3**	**6**	**9**
BAILEY	**713**	**410,916**	**48**	**129**	**86,655**	**1**	**3**	**4**
BANDERA	**557**	**368,135**	**50**	**142**	**98,374**	**2**	**3**	**5**
BASTROP	3,657	2,397,463	389	1,206	801,991	0	12	12
BAYLOR	424	235,527	27	73	50,719	1	0	1
BEE	4,953	2,964,770	483	1,460	996,579	5	9	14
BELL	14,555	9,538,396	1,804	5,256	3,677,184	8	53	61
BEXAR	143,710	96,437,482	18,230	58,382	39,753,446	296	674	970
BLANCO	**244**	**154,860**	**16**	**56**	**36,294**	**0**	**0**	**0**
BORDEN	**26**	**14,018**	**0**	**0**	**0**	**0**	**0**	**0**
BOSQUE	**817**	**498,444**	**75**	**220**	**146,750**	**0**	**0**	**0**
BOWIE	**8,592**	**5,397,153**	**1,171**	**3,500**	**2,401,810**	**6**	**18**	**24**
BRAZORIA	**9,425**	**6,281,078**	**899**	**2,699**	**1,837,385**	**8**	**32**	**40**
BRAZOS	6,510	4,119,242	739	2,263	1,529,756	12	4	16
BREWSTER	799	473,695	83	213	156,672	0	3	3
BRISCOE	256	156,257	22	72	45,740	0	3	3
BROOKS	3,129	1,974,288	250	761	518,429	0	4	4
BROWN	3,407	2,171,398	345	989	683,599	8	24	32
BURLESON	**1,524**	**957,528**	**204**	**653**	**426,077**	**1**	**10**	**11**
BURNET	**1,983**	**1,308,704**	**205**	**567**	**390,005**	**0**	**10**	**10**
CALDWELL	**3,593**	**2,184,359**	**343**	**1,013**	**692,314**	**0**	**4**	**4**
CALHOUN	**2,227**	**1,446,114**	**247**	**705**	**480,252**	**1**	**4**	**5**
CALLAHAN	**995**	**623,627**	**65**	**205**	**134,998**	**1**	**2**	**3**
CAMERON	66,546	40,890,821	5,160	15,736	10,246,734	37	104	141
CAMP	1,212	703,524	116	344	237,305	0	2	2
CARSON	171	113,029	11	32	22,808	0	0	0
CASS	4,008	2,419,480	438	1,282	884,012	6	14	20
CASTRO	1,752	1,022,743	139	388	259,930	4	12	16
CHAMBERS	**1,448**	**998,084**	**170**	**487**	**339,216**	**3**	**3**	**6**
CHEROKEE	**3,954**	**2,445,571**	**458**	**1,354**	**930,129**	**5**	**15**	**20**
CHILDRESS	**855**	**529,107**	**63**	**185**	**122,750**	**1**	**3**	**4**
CLAY	**313**	**175,948**	**19**	**53**	**35,749**	**2**	**1**	**3**
COCHRAN	**657**	**412,684**	**48**	**134**	**92,247**	**0**	**3**	**3**

Financial Information by County (continued)

Fiscal Year 1989

County	FOOD STAMPS		AFDC			FRAUD (In AFDC and Food Stamps)		
	Participants (Monthly Average)	Food Stamp Value (Total FY)	Families (Monthly Average)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total
COKE	220	$ 124,147	13	36	$ 24,681	0	2	2
COLEMAN	1,038	615,088	78	225	151,718	4	11	15
COLLIN	6,301	4,280,716	685	2,042	1,379,176	8	10	18
COLLINGSWORTH	398	231,488	27	84	54,397	0	2	2
COLORADO	1,907	1,173,225	197	589	387,631	8	3	11
COMAL	**2,613**	**1,617,323**	**223**	**630**	**433,736**	**4**	**7**	**11**
COMANCHE	**951**	**524,067**	**75**	**223**	**149,381**	**1**	**7**	**8**
CONCHO	**265**	**149,845**	**16**	**47**	**32,415**	**0**	**0**	**0**
COOKE	**2,228**	**1,393,232**	**186**	**531**	**377,295**	**1**	**6**	**7**
CORYELL	**3,169**	**1,846,918**	**293**	**824**	**572,823**	**0**	**9**	**9**
COTTLE	393	221,634	25	66	46,170	0	2	2
CRANE	329	190,143	15	40	28,064	0	4	4
CROCKETT	490	291,471	37	125	81,089	0	2	2
CROSBY	1,810	1,034,818	133	400	262,131	0	2	2
CULBERSON	599	340,149	37	104	70,271	1	3	4
DALLAM	**759**	**485,872**	**57**	**158**	**109,800**	**2**	**3**	**5**
DALLAS	**96,146**	**66,730,937**	**14,326**	**43,028**	**29,828,981**	**251**	**477**	**728**
DAWSON	**2,733**	**1,583,429**	**229**	**706**	**464,238**	**2**	**9**	**11**
DEAF SMITH	**3,452**	**2,138,843**	**323**	**1,020**	**667,824**	**3**	**15**	**18**
DELTA	**555**	**295,799**	**52**	**147**	**100,847**	**0**	**2**	**2**
DENTON	4,827	3,109,529	477	1,380	966,412	6	7	13
DEWITT	2,868	1,649,742	320	924	621,885	1	1	2
DICKENS	414	240,463	32	94	60,210	0	2	2
DIMMIT	4,024	2,504,982	290	919	614,602	1	0	1
DONLEY	416	263,395	37	112	75,210	0	4	4
DUVAL	**4,546**	**2,598,814**	**344**	**1,049**	**703,867**	**18**	**5**	**23**
EASTLAND	**1,539**	**903,449**	**119**	**352**	**233,866**	**7**	**4**	**11**
ECTOR	**12,672**	**8,542,226**	**1,491**	**4,506**	**3,116,289**	**21**	**34**	**55**
EDWARDS	**417**	**250,684**	**20**	**65**	**43,614**	**0**	**1**	**1**
ELLIS	**4,940**	**2,996,506**	**531**	**1,580**	**1,076,953**	**12**	**13**	**25**
EL PASO	92,099	57,137,095	7,433	21,844	15,112,965	122	252	374
ERATH	1,298	778,526	137	392	270,026	0	3	3
FALLS	3,055	1,934,391	302	849	590,044	6	3	9
FANNIN	2,283	1,297,286	172	513	345,561	2	8	10
FAYETTE	1,215	710,257	125	342	237,437	1	7	8
FISHER	**546**	**310,551**	**30**	**93**	**59,259**	**1**	**3**	**4**
FLOYD	**1,779**	**1,069,890**	**119**	**364**	**245,336**	**1**	**0**	**1**
FOARD	**146**	**76,887**	**9**	**26**	**17,737**	**0**	**0**	**0**
FORT BEND	**8,819**	**5,875,493**	**1,044**	**3,253**	**2,185,382**	**7**	**46**	**53**
FRANKLIN	**541**	**322,435**	**33**	**100**	**63,398**	**0**	**0**	**0**

Financial Information by County (continued)

Fiscal Year 1989

County	FOOD STAMPS		AFDC			FRAUD (In AFDC and Food Stamps)		
	Participants (Monthly Average)	Food Stamp Value (Total FY)	Families (Monthly Average)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total
FREESTONE	1,267	$ 772,668	111	318	$ 216,325	2	0	2
FRIO	3,799	2,247,506	336	1,091	716,851	7	22	29
GAINES	1,766	1,072,839	131	442	275,100	0	6	6
GALVESTON	17,794	12,511,814	2,294	6,956	4,752,256	36	96	132
GARZA	868	510,637	72	225	151,540	5	2	7
GILLESPIE	**614**	**377,873**	**60**	**168**	**112,939**	**2**	**4**	**6**
GLASSCOCK	**24**	**14,098**	**1**	**5**	**2,291**	**0**	**0**	**0**
GOLIAD	**980**	**587,777**	**79**	**217**	**147,234**	**0**	**3**	**3**
GONZALES	**2,958**	**1,744,114**	**317**	**973**	**645,487**	**3**	**3**	**6**
GRAY	**1,450**	**928,651**	**158**	**457**	**311,870**	**5**	**12**	**17**
GRAYSON	6,147	3,877,665	657	1,792	1,289,832	8	18	26
GREGG	9,196	5,972,667	1,221	3,507	2,441,795	17	10	2
GRIMES	2,211	1,387,546	280	866	577,653	0	0	0
GUADALUPE	5,799	3,656,571	587	1,705	1,178,206	18	33	51
HALE	4,670	2,757,679	412	1,302	853,362	1	16	17
HALL	**654**	**379,485**	**52**	**154**	**100,608**	**0**	**6**	**6**
HAMILTON	**485**	**271,738**	**39**	**106**	**72,278**	**0**	**0**	**0**
HANSFORD	**177**	**111,440**	**15**	**43**	**28,027**	**0**	**1**	**1**
HARDEMAN	**468**	**267,310**	**47**	**125**	**86,476**	**0**	**2**	**2**
HARDIN	**4,380**	**2,969,588**	**472**	**1,411**	**964,355**	**1**	**1**	**2**
HARRIS	224,095	164,435,482	34,395	104,174	72,170,926	288	1198	1486
HARRISON	6,321	4,029,367	874	2,639	1,809,293	11	10	21
HARTLEY	17	5,862	0	0	0	0	0	0
HASKELL	706	411,071	63	187	120,586	2	2	4
HAYS	4,612	2,987,416	486	1,492	1,010,215	1	12	13
HEMPHILL	**50**	**28,896**	**1**	**4**	**2,534**	**0**	**0**	**0**
HENDERSON	**4,694**	**2,875,102**	**500**	**1,367**	**974,774**	**1**	**10**	**11**
HIDALGO	**117,266**	**74,212,768**	**7,959**	**24,713**	**16,112,108**	**98**	**237**	**335**
HILL	**2,946**	**1,853,872**	**299**	**889**	**607,385**	**2**	**3**	**5**
HOCKLEY	**2,764**	**1,684,021**	**260**	**838**	**555,051**	**2**	**8**	**10**
HOOD	838	515,186	66	197	132,376	1	1	2
HOPKINS	1,809	986,747	140	360	257,687	0	6	6
HOUSTON	3,495	2,203,518	466	1,366	933,918	0	5	5
HOWARD	3,864	2,441,855	448	1,390	930,741	2	6	8
HUDSPETH	444	272,346	39	134	85,324	0	0	0
HUNT	**5,706**	**3,711,393**	**618**	**1,720**	**1,184,306**	**9**	**23**	**32**
HUTCHINSON	**1,451**	**892,711**	**130**	**358**	**251,222**	**1**	**12**	**13**
IRION	**135**	**84,424**	**9**	**25**	**18,249**	**0**	**0**	**0**
JACK	**493**	**323,775**	**50**	**134**	**93,749**	**0**	**4**	**4**
JACKSON	**1,537**	**971,945**	**208**	**622**	**417,361**	**0**	**3**	**3**

Financial Information by County (continued)

Fiscal Year 1989

County	FOOD STAMPS		AFDC			FRAUD (In AFDC and Food Stamps)		
	Participants (Monthly Average)	Food Stamp Value (Total FY)	Families (Monthly Average)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total
JASPER	5,080	$ 3,250,727	572	1,703	$ 1,169,799	8	20	28
JEFF DAVIS	169	95,278	12	35	25,667	0	0	0
JEFFERSON	30,472	21,302,165	4,161	12,416	8,603,725	72	105	177
JIM HOGG	1,593	844,708	77	237	158,548	0	2	2
JIM WELLS	9,236	5,548,194	789	2,373	1,608,193	15	31	46
JOHNSON	**5,555**	**3,726,278**	**572**	**1,658**	**1,158,065**	**4**	**9**	**13**
JONES	**2,039**	**1,194,758**	**164**	**482**	**326,026**	**5**	**6**	**11**
KARNES	**2,872**	**1,770,754**	**280**	**911**	**601,224**	**1**	**14**	**15**
KAUFMAN	**3,499**	**2,225,323**	**417**	**1,269**	**862,033**	**1**	**12**	**13**
KENDALL	**646**	**415,212**	**56**	**168**	**114,695**	**0**	**1**	**1**
KENEDY	99	46,895	2	6	3,644	0	1	1
KENT	47	25,558	3	7	6,144	0	0	0
KERR	2,703	1,810,783	290	816	564,059	12	22	34
KIMBLE	380	236,898	36	111	69,816	2	1	3
KING	15	7,977	1	1	542	0	0	0
KINNEY	**681**	**405,512**	**33**	**89**	**58,564**	**0**	**5**	**5**
KLEBERG	**6,462**	**4,221,009**	**702**	**2,133**	**1,485,731**	**7**	**22**	**29**
KNOX	**593**	**338,154**	**51**	**160**	**104,018**	**1**	**0**	**1**
LAMAR	**5,330**	**3,187,498**	**565**	**1,581**	**1,115,776**	**3**	**7**	**10**
LAMB	**2,403**	**1,454,164**	**228**	**701**	**465,583**	**3**	**11**	**14**
LAMPASAS	1,315	828,340	155	446	308,393	0	4	4
LASALLE	1,518	900,016	122	354	246,857	4	3	7
LAVACA	1,243	670,021	116	351	235,845	0	2	2
LEE	658	407,212	79	256	168,622	0	3	3
LEON	1,327	849,669	133	383	262,564	0	6	6
LIBERTY	**7,429**	**5,304,341**	**801**	**2,288**	**1,610,316**	**4**	**21**	**25**
LIMESTONE	**2,268**	**1,427,330**	**257**	**757**	**524,728**	**0**	**7**	**7**
LIPSCOMB	**72**	**40,229**	**7**	**16**	**10,964**	**0**	**0**	**0**
LIVE OAK	**1,199**	**693,614**	**93**	**271**	**182,749**	**0**	**0**	**0**
LLANO	**470**	**308,612**	**40**	**113**	**78,552**	**0**	**0**	**0**
LOVING	0	0	0	0	0	0	0	0
LUBBOCK	21,424	14,157,420	2,478	7,625	5,137,398	45	88	133
LYNN	1,312	734,476	95	268	180,308	2	7	9
MADISON	1,584	1,023,920	167	501	346,019	0	3	3
MARION	1,925	1,217,580	221	689	462,364	0	6	6
MARTIN	**518**	**301,422**	**44**	**131**	**87,452**	**0**	**2**	**2**
MASON	**384**	**224,387**	**17**	**57**	**37,312**	**1**	**1**	**2**
MATAGORDA	**4,877**	**3,373,051**	**551**	**1,690**	**1,151,950**	**4**	**14**	**18**
MAVERICK	**13,237**	**8,374,250**	**758**	**2,479**	**1,651,209**	**0**	**18**	**18**
MCCULLOCH	**1,176**	**672,154**	**83**	**236**	**157,954**	**1**	**3**	**4**

Financial Information by County (continued)

Fiscal Year 1989

County	FOOD STAMPS		AFDC			FRAUD (In AFDC and Food Stamps)		
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MCLENNAN	18,318	$ 11,990,065	2,138	6,683	$ 4,481,784	54	72	126
MCMULLEN	78	43,424	3	6	5,165	0	1	1
MEDINA	3,907	2,476,415	370	1,102	760,363	3	10	13
MENARD	349	194,816	19	57	36,339	1	0	1
MIDLAND	7,056	4,809,361	850	2,594	1,732,068	12	6	18
MILAM	**2,900**	**1,731,144**	**310**	**966**	**641,137**	**2**	**7**	**9**
MILLS	**307**	**179,334**	**17**	**58**	**37,552**	**0**	**0**	**0**
MITCHELL	**1,006**	**565,167**	**76**	**219**	**143,581**	**3**	**2**	**5**
MONTAGUE	**1,130**	**675,985**	**77**	**243**	**157,983**	**1**	**3**	**4**
MONTGOMERY	**11,636**	**8,175,245**	**1,372**	**3,914**	**2,740,667**	**4**	**22**	**26**
MOORE	1,058	644,595	89	246	167,753	0	5	5
MORRIS	1,757	1,035,730	198	580	403,158	0	3	3
MOTLEY	104	55,591	8	23	16,680	1	0	1
NACOGDOCHES	5,105	3,305,507	641	1,908	1,294,850	2	16	18
NAVARRO	4,172	2,540,202	459	1,335	903,975	13	23	36
NEWTON	**2,193**	**1,399,791**	**250**	**716**	**494,529**	**7**	**5**	**12**
NOLAN	**2,262**	**1,375,699**	**213**	**639**	**423,511**	**10**	**6**	**16**
NUECES	**40,418**	**26,268,229**	**4,691**	**14,297**	**9,832,812**	**117**	**126**	**243**
OCHILTREE	**361**	**225,812**	**37**	**94**	**63,529**	**0**	**1**	**1**
OLDHAM	**48**	**26,955**	**3**	**12**	**6,221**	**0**	**0**	**0**
ORANGE	7,927	5,360,470	1,004	2,869	2,021,241	10	19	29
PALO PINTO	2,854	1,864,832	274	783	543,331	18	11	29
PANOLA	2,398	1,439,850	232	681	465,054	4	3	7
PARKER	3,299	2,121,364	298	838	592,565	8	10	18
PARMER	981	548,774	63	191	130,670	0	4	4
PECOS	**2,345**	**1,447,745**	**161**	**504**	**325,342**	**0**	**17**	**17**
POLK	**3,957**	**2,539,294**	**363**	**1,060**	**729,684**	**0**	**18**	**18**
POTTER	**13,976**	**9,520,091**	**1,472**	**4,351**	**3,013,518**	**27**	**66**	**93**
PRESIDIO	**1,740**	**1,129,389**	**112**	**321**	**219,406**	**3**	**1**	**4**
RAINS	**337**	**182,026**	**32**	**91**	**60,913**	**0**	**0**	**0**
RANDALL	1,727	1,104,670	162	442	313,634	1	2	3
REAGAN	350	190,139	10	32	20,880	4	2	6
REAL	375	229,860	30	66	47,686	0	1	1
RED RIVER	1,930	1,106,778	191	526	371,788	1	0	1
REEVES	3,543	1,949,423	217	620	409,897	4	5	9
REFUGIO	**1,327**	**796,694**	**144**	**390**	**272,915**	**1**	**4**	**5**
ROBERTS	**13**	**6,862**	**1**	**3**	**2,366**	**0**	**0**	**0**
ROBERTSON	**2,952**	**1,844,333**	**376**	**1,109**	**752,539**	**8**	**10**	**18**
ROCKWALL	**536**	**320,926**	**46**	**138**	**91,835**	**1**	**1**	**2**
RUNNELS	**1,160**	**623,924**	**78**	**262**	**160,492**	**0**	**4**	**4**

Financial Information by County (continued)

Fiscal Year 1989

County	FOOD STAMPS		AFDC			FRAUD (In AFDC and Food Stamps)		
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RUSK	4,805	$ 3,072,453	531	1,542	$ 1,066,537	15	17	32
SABINE	1,042	676,578	112	325	225,893	0	6	6
SAN AUGUSTINE	1,241	766,575	168	500	337,882	1	13	14
SAN JACINTO	2,504	1,720,732	259	741	514,158	1	9	10
SAN PATRICIO	12,424	7,792,813	1,164	3,464	2,351,194	0	15	15
SAN SABA	**564**	**312,011**	**46**	**119**	**82,606**	**0**	**1**	**1**
SCHLEICHER	**343**	**186,622**	**12**	**42**	**25,497**	**0**	**1**	**1**
SCURRY	**1,761**	**1,014,297**	**140**	**443**	**285,604**	**6**	**2**	**8**
SHACKELFORD	**223**	**139,098**	**18**	**61**	**38,410**	**0**	**3**	**3**
SHELBY	**3,304**	**2,173,492**	**453**	**1,330**	**923,522**	**1**	**7**	**8**
SHERMAN	36	20,070	1	4	2,808	0	0	0
SMITH	12,252	8,103,900	1,445	4,264	2,947,689	20	55	75
SOMERVELL	244	161,666	24	72	50,473	0	2	2
STARR	15,753	10,184,593	731	2,272	1,512,529	0	16	16
STEPHENS	912	553,865	61	181	119,204	1	6	7
STERLING	**77**	**44,743**	**9**	**25**	**18,862**	**0**	**0**	**0**
STONEWALL	**152**	**90,477**	**12**	**41**	**26,353**	**1**	**0**	**1**
SUTTON	**354**	**182,197**	**14**	**43**	**27,789**	**0**	**1**	**1**
SWISHER	**1,179**	**676,412**	**113**	**366**	**228,120**	**1**	**2**	**3**
TARRANT	**46,943**	**31,913,132**	**6,193**	**18,625**	**12,735,466**	**78**	**159**	**237**
TAYLOR	8,193	5,240,015	800	2,391	1,619,371	34	34	68
TERRELL	150	88,265	5	17	11,225	0	0	0
TERRY	2,599	1,639,058	275	839	558,649	7	6	13
THROCKMORTON	134	71,974	7	25	15,574	0	1	1
TITUS	1,796	1,030,051	178	508	347,044	8	7	15
TOM GREEN	**9,168**	**5,702,326**	**870**	**2,531**	**1,715,891**	**6**	**34**	**40**
TRAVIS	**34,867**	**24,303,923**	**4,744**	**14,415**	**9,898,261**	**41**	**164**	**205**
TRINITY	**1,658**	**1,098,399**	**182**	**528**	**367,981**	**2**	**7**	**9**
TYLER	**2,032**	**1,250,378**	**172**	**515**	**350,516**	**0**	**1**	**1**
UPSHUR	**3,122**	**1,945,004**	**308**	**885**	**615,744**	**8**	**10**	**18**
UPTON	420	256,672	27	77	53,518	0	1	1
UVALDE	5,534	3,375,348	378	1,203	780,054	3	14	17
VAL VERDE	9,794	6,148,549	730	2,270	1,532,809	1	18	19
VAN ZANDT	2,319	1,356,114	180	520	357,025	0	4	4
VICTORIA	8,034	5,057,634	990	3,013	2,040,464	11	19	30
WALKER	**4,288**	**2,950,863**	**499**	**1,487**	**1,015,513**	**5**	**12**	**17**
WALLER	**2,421**	**1,619,242**	**305**	**869**	**588,357**	**4**	**9**	**13**
WARD	**1,305**	**773,793**	**105**	**308**	**211,879**	**2**	**0**	**2**
WASHINGTON	**2,259**	**1,372,953**	**259**	**794**	**536,432**	**8**	**10**	**18**
WEBB	**37,026**	**21,801,423**	**2,285**	**7,236**	**4,746,497**	**7**	**47**	**54**

Financial Information by County (continued)

Fiscal Year 1989

County	FOOD STAMPS		AFDC			FRAUD (In AFDC and Food Stamps)		
	Participants (Monthly Average)	Food Stamp Value (Total FY)	Families (Monthly Average)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total
WHARTON	4,996	$ 3,121,836	509	1,558	$ 1,047,772	6	24	30
WHEELER	459	263,587	40	129	77,351	0	3	3
WICHITA	9,252	6,052,252	974	2,777	1,917,780	14	41	55
WILBARGER	1,244	703,686	100	296	195,033	1	2	3
WILLACY	6,229	3,663,184	398	1,231	799,848	2	4	6
WILLIAMSON	**5,193**	**3,208,043**	**500**	**1,535**	**1,020,927**	**7**	**15**	**22**
WILSON	**2,747**	**1,690,009**	**224**	**674**	**451,359**	**4**	**8**	**12**
WINKLER	**821**	**465,010**	**61**	**175**	**118,295**	**0**	**0**	**0**
WISE	**1,521**	**950,506**	**151**	**417**	**295,112**	**1**	**3**	**4**
WOOD	**2,117**	**1,232,274**	**184**	**504**	**355,642**	**1**	**13**	**14**
YOAKUM	634	356,169	57	170	115,278	0	0	0
YOUNG	1,479	942,122	127	365	245,066	0	8	8
ZAPATA	2,976	1,866,604	130	387	252,869	0	6	6
ZAVALA	4,700	2,823,709	356	1,159	750,439	1	2	3
GRAND TOTALS	**1,627,848**	**$1,068,652,311**	**179,862**	**544,409**	**$371,788,432**	**2296**	**5655**	**7951**

[1] Includes children and caregivers.

[2] Food stamps only.

[3] Does not include 699 cases for which restitution was arranged.

Summary of Agency Information by County
Fiscal Year 1989

County	Employees[1]	MEDICAL ASSISTANCE BENEFITS: Aged & Disabled[2]	MEDICAL ASSISTANCE BENEFITS: Families & Children	Food Stamp Value	AFDC Payments	Total
ANDERSON	27	$ 5,469,875	$ 1,558,584	$ 2,127,208	$ 740,818	$ 9,896,485
ANDREWS	6	869,393	545,618	796,552	267,336	2,478,899
ANGELINA	62	9,610,386	2,395,190	4,662,505	1,612,143	18,280,224
ARANSAS	9	1,142,259	1,159,091	1,475,810	403,012	4,180,172
ARCHER	0	362,465	40,119	101,636	23,310	527,530
ARMSTRONG	**0**	**488,462**	**12,909**	**34,966**	**10,580**	**546,917**
ATASCOSA	**25**	**4,260,306**	**2,254,429**	**3,739,045**	**1,119,449**	**11,373,229**
AUSTIN	**15**	**2,221,763**	**435,666**	**831,875**	**281,872**	**3,771,176**
BAILEY	**2**	**359,494**	**278,464**	**410,916**	**86,655**	**1,135,529**
BANDERA	**3**	**401,488**	**213,905**	**368,135**	**98,374**	**1,081,902**
BASTROP	19	3,456,786	1,315,020	2,397,463	801,991	7,971,260
BAYLOR	10	694,414	154,659	235,527	50,719	1,135,319
BEE	30	2,948,575	2,043,095	2,964,770	996,579	8,953,019
BELL	126	12,590,933	5,589,505	9,538,396	3,677,184	31,396,018
BEXAR	1,085	88,269,891	66,602,704	96,437,482	39,753,446	291,063,523
BLANCO	**0**	**784,389**	**60,421**	**154,860**	**36,294**	**1,035,964**
BORDEN	**0**	**6,328**	**356**	**14,018**	**0**	**21,202**
BOSQUE	**5**	**2,428,804**	**280,111**	**498,444**	**146,750**	**3,354,109**
BOWIE	**66**	**9,316,510**	**3,258,234**	**5,397,153**	**2,401,810**	**20,373,707**
BRAZORIA	**65**	**10,140,304**	**3,646,989**	**6,281,078**	**1,837,385**	**21,905,756**
BRAZOS	63	5,264,867	2,886,402	4,119,242	1,529,756	13,800,267
BREWSTER	7	327,890	201,116	473,695	156,672	1,159,373
BRISCOE	0	124,406	83,917	156,257	45,740	410,320
BROOKS	17	1,680,161	1,002,527	1,974,288	518,429	5,175,405
BROWN	38	7,131,931	1,600,542	2,171,398	683,599	11,587,470
BURLESON	**6**	**1,912,230**	**480,629**	**957,528**	**426,077**	**3,776,464**
BURNET	**14**	**2,374,612**	**843,460**	**1,308,704**	**390,005**	**4,916,781**
CALDWELL	**17**	**3,756,412**	**1,242,626**	**2,184,359**	**692,314**	**7,875,711**
CALHOUN	**16**	**1,504,768**	**1,177,442**	**1,446,114**	**480,252**	**4,608,576**
CALLAHAN	**7**	**1,562,640**	**446,706**	**623,627**	**134,998**	**2,767,971**
CAMERON	319	25,087,419	19,988,433	40,890,821	10,246,734	96,213,407
CAMP	11	1,588,700	529,679	703,524	237,305	3,059,208
CARSON	0	281,965	86,413	113,029	22,808	504,215
CASS	29	4,785,199	1,266,188	2,419,480	884,012	9,354,879
CASTRO	7	562,497	565,406	1,022,743	259,930	2,410,576
CHAMBERS	**6**	**944,233**	**598,022**	**998,084**	**339,216**	**2,879,555**
CHEROKEE	**37**	**7,095,952**	**1,503,404**	**2,445,571**	**930,129**	**11,975,056**
CHILDRESS	**5**	**1,256,947**	**198,548**	**529,107**	**122,750**	**2,107,352**
CLAY	**3**	**1,250,936**	**150,002**	**175,948**	**35,749**	**1,612,635**
COCHRAN	**0**	**330,322**	**344,136**	**412,684**	**92,247**	**1,179,389**

Summary of Agency Information by County (continued)

Fiscal Year 1989

County	Employees[1]	MEDICAL ASSISTANCE BENEFITS: Aged & Disabled[2]	Families & Children	Food Stamp Value	AFDC Payments	Total
COKE	0	$ 809,391	$ 42,688	$ 124,147	$ 24,681	$ 1,000,907
COLEMAN	9	1,626,338	323,970	615,088	151,718	2,717,714
COLLIN	57	6,847,466	2,857,446	4,280,716	1,379,176	15,364,804
COLLINGSWORTH	5	696,304	80,910	231,488	54,397	1,063,099
COLORADO	18	3,253,744	535,057	1,173,225	387,631	5,349,657
COMAL	**18**	**5,228,674**	**1,069,346**	**1,617,323**	**433,736**	**8,349,079**
COMANCHE	**4**	**2,754,156**	**522,245**	**524,067**	**149,381**	**3,949,850**
CONCHO	**0**	**618,095**	**78,932**	**149,845**	**32,415**	**879,287**
COOKE	**18**	**2,611,469**	**660,029**	**1,393,232**	**377,295**	**5,042,025**
CORYELL	**27**	**4,884,651**	**901,002**	**1,846,918**	**572,823**	**8,205,394**
COTTLE	6	470,049	51,847	221,634	46,170	789,700
CRANE	0	191,540	95,256	190,143	28,064	505,003
CROCKETT	0	318,699	151,323	291,471	81,089	842,582
CROSBY	9	1,070,791	647,820	1,034,818	262,131	3,015,560
CULBERSON	0	69,077	124,471	340,149	70,271	603,968
DALLAM	**6**	**347,717**	**313,696**	**485,872**	**109,800**	**1,257,085**
DALLAS	**904**	**78,549,128**	**34,819,098**	**66,730,937**	**29,828,981**	**209,928,144**
DAWSON	**11**	**1,155,910**	**749,585**	**1,583,429**	**464,238**	**3,953,162**
DEAF SMITH	**20**	**1,238,968**	**1,326,391**	**2,138,843**	**667,824**	**5,372,026**
DELTA	**5**	**1,276,589**	**221,151**	**295,799**	**100,847**	**1,894,386**
DENTON	62	13,960,937	2,345,229	3,109,529	966,412	20,382,107
DEWITT	25	4,158,906	1,142,221	1,649,742	621,885	7,572,754
DICKENS	2	394,566	162,530	240,463	60,210	857,769
DIMMIT	18	1,596,601	1,075,952	2,504,982	614,602	5,792,137
DONLEY	4	417,542	145,871	263,395	75,210	902,018
DUVAL	**25**	**2,671,886**	**1,578,774**	**2,598,814**	**703,867**	**7,553,341**
EASTLAND	**20**	**4,808,076**	**542,088**	**903,449**	**233,866**	**6,487,479**
ECTOR	**121**	**5,957,694**	**5,356,139**	**8,542,226**	**3,116,289**	**22,972,348**
EDWARDS	**0**	**100,567**	**119,748**	**250,684**	**43,614**	**514,613**
ELLIS	**34**	**5,920,296**	**1,676,584**	**2,996,506**	**1,076,953**	**11,670,339**
EL PASO	630	30,952,783	25,922,621	57,137,095	15,112,965	129,125,464
ERATH	12	4,470,120	777,784	778,526	270,026	6,296,456
FALLS	17	3,579,315	748,446	1,934,391	590,044	6,852,196
FANNIN	19	4,961,601	726,475	1,297,286	345,561	7,330,923
FAYETTE	8	3,565,184	373,324	710,257	237,437	4,886,202
FISHER	**3**	**672,487**	**152,724**	**310,551**	**59,259**	**1,195,021**
FLOYD	**6**	**575,982**	**678,561**	**1,069,890**	**245,336**	**2,569,769**
FOARD	**0**	**395,950**	**55,097**	**76,887**	**17,737**	**545,671**
FORT BEND	**68**	**5,118,501**	**4,089,152**	**5,875,493**	**2,185,382**	**17,268,528**
FRANKLIN	**5**	**1,040,867**	**205,396**	**322,435**	**63,398**	**1,632,096**

Summary of Agency Information by County (continued)

Fiscal Year 1989

County	Employees[1]	MEDICAL ASSISTANCE BENEFITS		Food Stamp Value	AFDC Payments	Total
		Aged & Disabled[2]	Families & Children			
FREESTONE	7	$ 3,462,434	$ 265,337	$ 772,668	$ 216,325	$ 4,716,764
FRIO	19	2,233,672	1,259,265	2,247,506	716,851	6,457,294
GAINES	3	450,155	691,987	1,072,839	275,100	2,490,081
GALVESTON	148	11,447,868	6,982,284	12,511,814	4,752,256	35,694,222
GARZA	7	837,801	291,677	510,637	151,540	1,791,655
GILLESPIE	6	1,928,499	220,222	377,873	112,939	2,639,533
GLASSCOCK	0	3,917	1,827	14,098	2,291	22,133
GOLIAD	5	823,808	308,201	587,777	147,234	1,867,020
GONZALES	17	3,155,894	968,725	1,744,114	645,487	6,514,220
GRAY	13	2,048,220	565,233	928,651	311,870	3,853,974
GRAYSON	52	13,525,173	2,277,049	3,877,665	1,289,832	20,969,719
GREGG	122	12,747,259	4,144,593	5,972,667	2,441,795	25,306,314
GRIMES	7	2,218,443	736,403	1,387,546	577,653	4,920,045
GUADALUPE	34	4,983,078	1,967,517	3,656,571	1,178,206	11,785,372
HALE	32	3,438,624	1,644,525	2,757,679	853,362	8,694,190
HALL	4	552,152	121,494	379,485	100,608	1,153,739
HAMILTON	9	2,453,090	253,516	271,738	72,278	3,050,622
HANSFORD	0	282,979	51,425	111,440	28,027	473,871
HARDEMAN	4	1,017,479	130,654	267,310	86,476	1,501,929
HARDIN	30	3,807,608	2,288,411	2,969,588	964,355	10,029,962
HARRIS	1,913	123,313,947	100,567,127	164,435,482	72,170,926	460,487,482
HARRISON	59	6,946,002	2,284,468	4,029,367	1,809,293	15,069,130
HARTLEY	0	137,751	15,650	5,862	0	159,263
HASKELL	13	1,232,577	259,469	411,071	120,586	2,023,703
HAYS	24	4,263,448	2,377,663	2,987,416	1,010,215	10,638,742
HEMPHILL	0	143,376	32,548	28,896	2,534	207,354
HENDERSON	32	5,742,988	1,600,491	2,875,102	974,774	11,193,355
HIDALGO	686	34,736,682	37,037,573	74,212,768	16,112,108	162,099,131
HILL	21	4,780,879	1,070,232	1,853,872	607,385	8,312,368
HOCKLEY	21	2,178,066	1,278,591	1,684,021	555,051	5,695,729
HOOD	4	2,474,598	442,360	515,186	132,376	3,564,520
HOPKINS	27	3,632,964	755,162	986,747	257,687	5,632,560
HOUSTON	28	4,232,352	1,330,968	2,203,518	933,918	8,700,756
HOWARD	26	2,946,799	1,769,307	2,441,855	930,741	8,088,702
HUDSPETH	0	115,231	86,343	272,346	85,324	559,244
HUNT	37	6,412,340	1,862,958	3,711,393	1,184,306	13,170,997
HUTCHINSON	13	1,180,413	625,974	892,711	251,222	2,950,320
IRION	0	37,005	34,937	84,424	18,249	174,615
JACK	3	805,729	201,495	323,775	93,749	1,424,748
JACKSON	12	1,624,358	595,848	971,945	417,361	3,709,512

Summary of Agency Information by County (continued)

Fiscal Year 1989

County	Employees[1]	MEDICAL ASSISTANCE BENEFITS		Food Stamp Value	AFDC Payments	Total
		Aged & Disabled[2]	Families & Children			
JASPER	39	$ 4,539,370	$ 1,990,644	$ 3,250,727	$ 1,169,799	$ 10,950,540
JEFF DAVIS	0	46,075	45,330	95,278	25,667	212,350
JEFFERSON	353	25,012,083	17,800,180	21,302,165	8,603,725	72,718,153
JIM HOGG	8	650,738	407,946	844,708	158,548	2,061,940
JIM WELLS	53	7,045,944	3,982,905	5,548,194	1,608,193	18,185,236
JOHNSON	**45**	**10,351,007**	**2,590,427**	**3,726,278**	**1,158,065**	**17,825,777**
JONES	**9**	**4,490,058**	**832,108**	**1,194,758**	**326,026**	**6,842,950**
KARNES	**11**	**3,081,092**	**914,227**	**1,770,754**	**601,224**	**6,367,297**
KAUFMAN	**26**	**5,651,188**	**1,346,661**	**2,225,323**	**862,033**	**10,085,205**
KENDALL	**5**	**1,299,633**	**182,784**	**415,212**	**114,695**	**2,012,324**
KENEDY	0	43,270	10,736	46,895	3,644	104,545
KENT	0	133,328	10,962	25,558	6,144	175,992
KERR	21	1,788,428	1,333,617	1,810,783	564,059	5,496,887
KIMBLE	4	611,546	176,144	236,898	69,816	1,094,404
KING	0	0	13	7,977	542	8,532
KINNEY	**2**	**18,298**	**114,860**	**405,512**	**58,564**	**597,234**
KLEBERG	**33**	**2,043,261**	**3,202,771**	**4,221,009**	**1,485,731**	**10,952,772**
KNOX	**5**	**1,103,530**	**158,888**	**338,154**	**104,018**	**1,704,590**
LAMAR	**124**	**8,861,480**	**1,669,373**	**3,187,498**	**1,115,776**	**14,834,127**
LAMB	**14**	**1,328,683**	**942,147**	**1,454,164**	**465,583**	**4,190,577**
LAMPASAS	10	1,797,768	606,918	828,340	308,393	3,541,419
LASALLE	8	739,326	427,303	900,016	246,857	2,313,502
LAVACA	14	3,770,758	430,568	670,021	235,845	5,107,192
LEE	9	1,535,904	238,764	407,212	168,622	2,350,502
LEON	8	1,657,635	330,356	849,669	262,564	3,100,224
LIBERTY	**52**	**5,617,824**	**3,298,221**	**5,304,341**	**1,610,316**	**15,830,702**
LIMESTONE	**15**	**4,095,294**	**848,306**	**1,427,330**	**524,728**	**6,895,658**
LIPSCOMB	**0**	**93,005**	**31,549**	**40,229**	**10,964**	**175,747**
LIVE OAK	**6**	**818,379**	**323,776**	**693,614**	**182,749**	**2,018,518**
LLANO	**0**	**1,992,857**	**150,156**	**308,612**	**78,552**	**2,530,177**
LOVING	0	650	0	0	0	650
LUBBOCK	291	17,033,716	12,871,429	14,157,420	5,137,398	49,199,963
LYNN	3	581,862	453,532	734,476	180,308	1,950,178
MADISON	7	1,376,457	469,655	1,023,920	346,019	3,216,051
MARION	9	1,320,562	549,872	1,217,580	462,364	3,550,378
MARTIN	**0**	**516,974**	**142,858**	**301,422**	**87,452**	**1,048,706**
MASON	**0**	**587,681**	**78,752**	**224,387**	**37,312**	**928,132**
MATAGORDA	**28**	**3,055,440**	**1,514,185**	**3,373,051**	**1,151,950**	**9,094,626**
MAVERICK	**43**	**3,651,950**	**3,188,471**	**8,374,250**	**1,651,209**	**16,865,880**
MCCULLOCH	**12**	**1,832,309**	**374,316**	**672,154**	**157,954**	**3,036,733**

Summary of Agency Information by County (continued)

Fiscal Year 1989

County	Employees[1]	MEDICAL ASSISTANCE BENEFITS		Food Stamp Value	AFDC Payments	Total
		Aged & Disabled[2]	Families & Children			
MCLENNAN	194	$ 21,673,105	$ 6,153,553	$ 11,990,065	$ 4,481,784	$ 44,298,507
MCMULLEN	0	23,706	8,262	43,424	5,165	80,557
MEDINA	24	4,289,667	1,240,916	2,476,415	760,363	8,767,361
MENARD	3	484,312	56,127	194,816	36,339	771,594
MIDLAND	83	4,743,744	3,299,715	4,809,361	1,732,068	14,584,888
MILAM	**18**	**3,201,077**	**806,861**	**1,731,144**	**641,137**	**6,380,219**
MILLS	**2**	**1,119,598**	**112,861**	**179,334**	**37,552**	**1,449,345**
MITCHELL	**6**	**1,473,820**	**351,584**	**565,167**	**143,581**	**2,534,152**
MONTAGUE	**8**	**3,339,701**	**550,909**	**675,985**	**157,983**	**4,774,578**
MONTGOMERY	**85**	**7,520,422**	**5,683,002**	**8,175,245**	**2,740,667**	**24,119,336**
MOORE	5	695,923	401,006	644,595	167,753	1,909,277
MORRIS	16	2,806,172	633,734	1,035,730	403,158	4,878,794
MOTLEY	0	68,452	30,776	55,591	16,680	171,499
NACOGDOCHES	82	7,489,036	2,099,871	3,305,507	1,294,850	14,189,264
NAVARRO	30	6,526,791	1,303,580	2,540,202	903,975	11,274,548
NEWTON	**12**	**1,428,998**	**810,511**	**1,399,791**	**494,529**	**4,133,829**
NOLAN	**21**	**2,550,988**	**842,649**	**1,375,699**	**423,511**	**5,192,847**
NUECES	**342**	**27,576,638**	**20,045,483**	**26,268,229**	**9,832,812**	**83,723,162**
OCHILTREE	**5**	**320,212**	**116,643**	**225,812**	**63,529**	**726,196**
OLDHAM	**0**	**28,326**	**31,581**	**26,955**	**6,221**	**93,083**
ORANGE	63	6,713,392	4,702,434	5,360,470	2,021,241	18,797,537
PALO PINTO	20	2,629,401	1,277,573	1,864,832	543,331	6,315,137
PANOLA	14	2,697,734	635,541	1,439,850	465,054	5,238,179
PARKER	20	3,216,401	1,540,927	2,121,364	592,565	7,471,257
PARMER	2	464,206	249,624	548,774	130,670	1,393,274
PECOS	**13**	**676,961**	**690,000**	**1,447,745**	**325,342**	**3,140,048**
POLK	**31**	**3,811,160**	**1,409,929**	**2,539,294**	**729,684**	**8,490,067**
POTTER	**221**	**8,552,872**	**6,856,820**	**9,520,091**	**3,013,518**	**27,943,301**
PRESIDIO	**7**	**490,291**	**317,552**	**1,129,389**	**219,406**	**2,156,638**
RAINS	**3**	**790,218**	**215,462**	**182,026**	**60,913**	**1,248,619**
RANDALL	2	1,748,152	1,151,238	1,104,670	313,634	4,317,694
REAGAN	0	211,256	92,211	190,139	20,880	514,486
REAL	2	118,399	84,514	229,860	47,686	480,459
RED RIVER	18	4,131,936	557,794	1,106,778	371,788	6,168,296
REEVES	15	1,026,196	789,998	1,949,423	409,897	4,175,514
REFUGIO	**5**	**660,996**	**460,952**	**796,694**	**272,915**	**2,191,557**
ROBERTS	**0**	**21,781**	**5,398**	**6,862**	**2,366**	**36,407**
ROBERTSON	**18**	**2,989,483**	**885,706**	**1,844,333**	**752,539**	**6,472,061**
ROCKWALL	**3**	**1,315,650**	**236,151**	**320,926**	**91,835**	**1,964,562**
RUNNELS	**7**	**1,452,080**	**363,850**	**623,924**	**160,492**	**2,600,346**

Summary of Agency Information by County (continued)

Fiscal Year 1989

County	Employees[1]	MEDICAL ASSISTANCE BENEFITS		Food Stamp Value	AFDC Payments	Total
		Aged & Disabled[2]	Families & Children			
RUSK	35	$ 5,674,376	$ 1,608,509	$ 3,072,453	$ 1,066,537	$ 11,421,875
SABINE	6	1,392,566	317,288	676,578	225,893	2,612,325
SAN AUGUSTINE	10	3,225,227	431,387	766,575	337,882	4,761,071
SAN JACINTO	12	1,043,719	1,093,598	1,720,732	514,158	4,372,207
SAN PATRICIO	73	5,354,299	5,339,275	7,792,813	2,351,194	20,837,581
SAN SABA	**2**	**1,220,443**	**194,959**	**312,011**	**82,606**	**1,810,019**
SCHLEICHER	**0**	**317,832**	**92,370**	**186,622**	**25,497**	**622,321**
SCURRY	**9**	**1,192,788**	**518,248**	**1,014,297**	**285,604**	**3,010,937**
SHACKELFORD	**0**	**429,020**	**106,594**	**139,098**	**38,410**	**713,122**
SHELBY	**20**	**4,351,421**	**1,483,168**	**2,173,492**	**923,522**	**8,931,603**
SHERMAN	0	166,279	17,936	20,070	2,808	207,093
SMITH	163	13,885,913	5,050,430	8,103,900	2,947,689	29,987,932
SOMERVELL	1	596,119	87,225	161,666	50,473	895,483
STARR	52	3,974,164	2,925,375	10,184,593	1,512,529	18,596,661
STEPHENS	10	1,307,978	456,626	553,865	119,204	2,437,673
STERLING	**0**	**89,221**	**27,955**	**44,743**	**18,862**	**180,781**
STONEWALL	**0**	**469,616**	**101,132**	**90,477**	**26,353**	**687,578**
SUTTON	**0**	**348,215**	**95,358**	**182,197**	**27,789**	**653,559**
SWISHER	**5**	**383,814**	**327,996**	**676,412**	**228,120**	**1,616,342**
TARRANT	**737**	**58,831,640**	**21,234,934**	**31,913,132**	**12,735,466**	**124,715,172**
TAYLOR	245	8,706,128	3,785,817	5,240,015	1,619,371	19,351,331
TERRELL	0	35,373	32,618	88,265	11,225	167,481
TERRY	14	1,532,355	1,190,084	1,639,058	558,649	4,920,146
THROCKMORTON	0	285,027	55,732	71,974	15,574	428,307
TITUS	17	4,405,810	720,390	1,030,051	347,044	6,503,295
TOM GREEN	**104**	**9,224,660**	**4,419,436**	**5,702,326**	**1,715,891**	**21,062,313**
TRAVIS	**2,285**	**34,193,891**	**19,029,641**	**24,303,923**	**9,898,261**	**87,425,716**
TRINITY	**7**	**1,579,012**	**590,678**	**1,098,399**	**367,981**	**3,636,070**
TYLER	**8**	**2,204,054**	**613,119**	**1,250,378**	**350,516**	**4,418,067**
UPSHUR	**30**	**3,610,933**	**1,052,976**	**1,945,004**	**615,744**	**7,224,657**
UPTON	0	209,481	68,872	256,672	53,518	588,543
UVALDE	27	2,860,809	1,659,128	3,375,348	780,054	8,675,339
VAL VERDE	40	2,907,320	2,321,430	6,148,549	1,532,809	12,910,108
VAN ZANDT	18	6,362,554	894,217	1,356,114	357,025	8,969,910
VICTORIA	82	6,264,583	4,792,006	5,057,634	2,040,464	18,154,687
WALKER	**19**	**3,189,033**	**1,337,376**	**2,950,863**	**1,015,513**	**8,492,785**
WALLER	**19**	**2,123,422**	**917,561**	**1,619,242**	**588,357**	**5,248,582**
WARD	**6**	**490,409**	**419,169**	**773,793**	**211,879**	**1,895,250**
WASHINGTON	**21**	**3,233,691**	**595,938**	**1,372,953**	**536,432**	**5,739,014**
WEBB	**159**	**12,468,838**	**12,928,419**	**21,801,423**	**4,746,497**	**51,945,177**

Summary of Agency Information by County (continued)

Fiscal Year 1989

County	Employees[1]	MEDICAL ASSISTANCE BENEFITS				
		Aged & Disabled[2]	Families & Children	Food Stamp Value	AFDC Payments	Total
WHARTON	30	$ 4,707,720	$ 1,604,241	$ 3,121,836	$ 1,047,772	$ 10,481,569
WHEELER	5	1,209,499	125,788	263,587	77,351	1,676,225
WICHITA	102	12,493,577	3,580,478	6,052,252	1,917,780	24,044,087
WILBARGER	18	2,487,892	318,104	703,686	195,033	3,704,715
WILLACY	25	2,177,927	1,685,909	3,663,184	799,848	8,326,868
WILLIAMSON	**55**	**8,040,183**	**2,232,561**	**3,208,043**	**1,020,927**	**14,501,714**
WILSON	**15**	**2,224,494**	**971,569**	**1,690,009**	**451,359**	**5,337,431**
WINKLER	**0**	**743,882**	**185,203**	**465,010**	**118,295**	**1,512,390**
WISE	**13**	**2,600,987**	**607,693**	**950,506**	**295,112**	**4,454,298**
WOOD	**17**	**5,421,393**	**777,531**	**1,232,274**	**355,642**	**7,786,840**
YOAKUM	4	469,689	242,558	356,169	115,278	1,183,694
YOUNG	16	3,228,726	537,377	942,122	245,066	4,953,291
ZAPATA	5	732,029	818,117	1,866,604	252,869	3,669,619
ZAVALA	19	978,260	1,351,546	2,823,709	750,439	5,903,954
TOTAL	**15,018**	**$1,241,305,191**	**$645,105,822**	**$1,068,652,311**	**$371,788,432**	**$3,326,851,756**

[1] Full-time and part-time filled positions as of Aug. 31, 1989.

[2] Does not include expenditures of $319,790,145 for State Schools.

Aged and Disabled Benefits by County
Fiscal Year 1989

County	Nursing Home Private ICF-MR[1] Clients	Nursing Home Private ICF-MR[1] Payments	Prescribed Medicines[2]	Hospitals, Physicians, Laboratory, X-ray and Other Services[3]	Medicaid Eligibles, (Monthly Average)	Community Care for Aged and Disabled[4]
ANDERSON	329	$ 3,539,700	$ 495,987	$ 1,434,188	1,228	193
ANDREWS	62	577,883	76,738	214,772	188	6
ANGELINA	524	6,018,058	886,050	2,706,278	2,469	309
ARANSAS	46	451,442	136,211	554,606	336	20
ARCHER	25	241,943	34,856	85,666	102	24
ARMSTRONG	**34**	**445,659**	**16,070**	**26,733**	**47**	**1**
ATASCOSA	**181**	**2,017,299**	**448,081**	**1,794,926**	**1,137**	**189**
AUSTIN	**146**	**1,452,455**	**241,109**	**528,199**	**523**	**75**
BAILEY	**17**	**168,817**	**50,180**	**140,497**	**139**	**27**
BANDERA	**24**	**231,446**	**48,698**	**121,344**	**119**	**13**
BASTROP	177	1,890,977	331,751	1,234,058	969	144
BAYLOR	44	416,360	74,526	203,528	152	69
BEE	133	1,386,165	341,425	1,220,985	909	106
BELL	734	7,717,604	981,052	3,892,277	2,891	598
BEXAR	2,948	35,642,723	8,858,439	43,768,729	25,503	3,371
BLANCO	**68**	**639,324**	**61,757**	**83,308**	**115**	**10**
BORDEN	**0**	**0**	**0**	**6,828**	**2**	**1**
BOSQUE	**201**	**1,901,551**	**201,345**	**325,908**	**465**	**33**
BOWIE	**516**	**5,161,596**	**923,501**	**3,231,413**	**2,469**	**541**
BRAZORIA	**552**	**6,111,479**	**840,705**	**3,188,120**	**2,071**	**209**
BRAZOS	271	2,953,636	508,356	1,802,875	1,348	276
BREWSTER	12	140,573	61,491	125,826	184	75
BRISCOE	1	15,641	20,261	88,504	52	17
BROOKS	52	563,392	211,125	905,644	581	225
BROWN	451	5,325,863	622,230	1,183,838	1,247	96
BURLESON	**99**	**1,092,787**	**189,485**	**629,958**	**509**	**91**
BURNET	**129**	**1,373,168**	**273,512**	**727,932**	**547**	**122**
CALDWELL	**206**	**2,110,962**	**377,870**	**1,267,580**	**980**	**98**
CALHOUN	**83**	**858,044**	**145,702**	**501,022**	**407**	**20**
CALLAHAN	**110**	**1,154,777**	**149,505**	**258,358**	**293**	**89**
CAMERON	679	8,552,310	3,179,765	13,355,344	10,574	1,387
CAMP	59	621,075	170,264	797,361	441	126
CARSON	20	203,006	29,814	49,145	64	17
CASS	298	2,976,058	418,647	1,390,494	1,240	281
CASTRO	26	262,537	61,340	238,620	164	28
CHAMBERS	**21**	**214,905**	**97,670**	**631,658**	**239**	**106**
CHEROKEE	**427**	**4,400,482**	**659,372**	**2,036,098**	**1,515**	**327**
CHILDRESS	**90**	**857,350**	**90,374**	**309,223**	**266**	**94**
CLAY	**95**	**933,935**	**106,872**	**210,129**	**191**	**65**
COCHRAN	**14**	**127,078**	**37,724**	**165,520**	**116**	**29**

Aged and Disabled Benefits by County (continued)

Fiscal Year 1989

County	Nursing Home Private ICF-MR[1] Clients	Nursing Home Private ICF-MR[1] Payments	Prescribed Medicines[2]	Hospitals, Physicians, Laboratory, X-ray and Other Services[3]	Medicaid Eligibles, (Monthly Average)	Community Care for Aged and Disabled[4]
COKE	65	$ 654,862	$ 58,203	$ 96,326	124	25
COLEMAN	102	1,027,273	154,579	445,086	381	91
COLLIN	415	3,970,645	728,052	2,148,769	1,667	309
COLLINGSWORTH	46	465,547	48,927	181,830	153	32
COLORADO	203	2,140,222	258,991	854,531	677	93
COMAL	**305**	**4,215,163**	**299,220**	**714,291**	**745**	**83**
COMANCHE	**190**	**1,963,068**	**275,050**	**516,038**	**535**	**61**
CONCHO	**35**	**430,004**	**52,314**	**135,777**	**108**	**16**
COOKE	**187**	**1,822,939**	**284,708**	**503,822**	**554**	**64**
CORYELL	**269**	**3,310,374**	**369,314**	**1,204,963**	**728**	**214**
COTTLE	28	279,343	37,470	153,236	119	51
CRANE	13	112,714	21,493	57,333	49	3
CROCKETT	20	212,304	20,165	86,230	95	21
CROSBY	55	532,116	108,736	429,939	245	71
CULBERSON	1	6,092	12,238	50,747	70	6
DALLAM	**18**	**183,423**	**34,291**	**130,003**	**86**	**29**
DALLAS	**3,910**	**40,239,673**	**6,946,162**	**31,363,293**	**21,435**	**3,332**
DAWSON	**57**	**531,818**	**139,469**	**484,623**	**446**	**124**
DEAF SMITH	**60**	**571,380**	**150,066**	**517,522**	**371**	**70**
DELTA	**80**	**798,641**	**123,113**	**354,835**	**305**	**85**
DENTON	793	10,995,482	785,351	2,180,104	2,494	108
DEWITT	262	2,772,733	432,256	953,917	971	90
DICKENS	16	164,385	66,510	163,671	125	24
DIMMIT	46	534,600	212,563	849,438	633	107
DONLEY	31	294,649	46,145	76,748	109	29
DUVAL	**50**	**660,937**	**314,783**	**1,696,166**	**892**	**269**
EASTLAND	**332**	**3,692,816**	**368,500**	**746,760**	**735**	**117**
ECTOR	**312**	**3,095,359**	**644,871**	**2,217,464**	**1,706**	**290**
EDWARDS	**0**	**0**	**14,635**	**85,932**	**55**	**10**
ELLIS	**398**	**3,869,935**	**575,784**	**1,474,577**	**1,498**	**161**
EL PASO	700	8,455,367	3,559,632	18,937,784	12,794	1,743
ERATH	310	3,527,111	285,442	657,567	712	106
FALLS	194	2,016,329	365,229	1,197,757	993	228
FANNIN	321	3,130,966	538,180	1,292,455	1,181	230
FAYETTE	232	2,542,815	344,464	677,905	789	81
FISHER	**41**	**393,278**	**77,342**	**201,867**	**180**	**27**
FLOYD	**23**	**248,320**	**84,395**	**243,267**	**218**	**46**
FOARD	**29**	**284,925**	**29,084**	**81,941**	**82**	**16**
FORT BEND	**180**	**1,839,306**	**512,841**	**2,766,354**	**2,385**	**259**
FRANKLIN	**63**	**643,582**	**87,013**	**310,272**	**207**	**56**

Aged and Disabled Benefits by County (continued)

Fiscal Year 1989

County	Nursing Home Private ICF-MR[1] Clients	Nursing Home Private ICF-MR[1] Payments	Prescribed Medicines[2]	Hospitals, Physicians, Laboratory, X-ray and Other Services[3]	Medicaid Eligibles, (Monthly Average)	Community Care for Aged and Disabled[4]
FREESTONE	223	$ 2,369,299	$ 278,914	$ 814,221	642	169
FRIO	78	883,017	243,673	1,106,982	667	174
GAINES	16	140,938	85,499	223,718	231	22
GALVESTON	460	4,459,603	873,559	6,114,706	3,307	679
GARZA	54	514,455	79,716	243,630	157	42
GILLESPIE	**152**	**1,590,366**	**130,347**	**207,786**	**279**	**15**
GLASSCOCK	**0**	**0**	**526**	**3,391**	**7**	**2**
GOLIAD	**42**	**462,542**	**83,293**	**277,973**	**232**	**12**
GONZALES	**187**	**1,963,249**	**316,392**	**876,253**	**807**	**97**
GRAY	**124**	**1,116,619**	**225,523**	**706,078**	**455**	**117**
GRAYSON	908	9,437,076	1,149,515	2,938,582	2,577	469
GREGG	773	8,536,915	1,082,600	3,127,744	2,679	383
GRIMES	87	913,788	271,477	1,033,178	677	175
GUADALUPE	252	2,828,372	529,671	1,625,035	1,246	253
HALE	180	1,907,097	337,181	1,194,346	934	206
HALL	**33**	**310,806**	**58,520**	**182,826**	**165**	**54**
HAMILTON	**199**	**1,973,804**	**140,201**	**339,085**	**363**	**47**
HANSFORD	**23**	**211,565**	**23,876**	**47,538**	**52**	**12**
HARDEMAN	**69**	**671,279**	**92,746**	**253,454**	**246**	**73**
HARDIN	**162**	**1,887,734**	**329,143**	**1,590,731**	**828**	**243**
HARRIS	4,275	47,444,615	10,470,979	65,398,353	34,721	6,438
HARRISON	366	3,826,398	646,380	2,473,224	1,891	390
HARTLEY	13	118,551	8,870	10,330	17	3
HASKELL	88	843,987	134,786	253,804	267	47
HAYS	197	2,224,405	449,888	1,589,155	1,061	148
HEMPHILL	**14**	**116,807**	**9,451**	**17,118**	**30**	**3**
HENDERSON	**307**	**3,048,163**	**714,428**	**1,980,397**	**1,508**	**294**
HIDALGO	**782**	**9,852,837**	**5,454,554**	**19,429,291**	**14,833**	**1,717**
HILL	**339**	**3,265,501**	**503,001**	**1,012,377**	**1,052**	**117**
HOCKLEY	**90**	**1,174,037**	**190,401**	**813,628**	**484**	**112**
HOOD	168	1,806,680	195,419	472,499	395	27
HOPKINS	222	2,259,129	383,541	990,294	860	221
HOUSTON	213	2,138,585	548,808	1,544,959	1,141	219
HOWARD	158	1,702,097	297,927	946,775	774	86
HUDSPETH	0	0	14,883	100,348	59	0
HUNT	**347**	**3,618,934**	**648,680**	**2,144,726**	**1,599**	**381**
HUTCHINSON	**82**	**733,758**	**131,391**	**315,264**	**321**	**93**
IRION	**0**	**3,630**	**6,470**	**26,905**	**22**	**5**
JACK	**58**	**543,657**	**72,530**	**189,542**	**145**	**12**
JACKSON	**93**	**970,061**	**181,689**	**472,608**	**404**	**67**

Aged and Disabled Benefits by County (continued)

Fiscal Year 1989

County	Nursing Home Private ICF-MR[1] Clients	Nursing Home Private ICF-MR[1] Payments	Prescribed Medicines[2]	Hospitals, Physicians, Laboratory, X-ray and Other Services[3]	Medicaid Eligibles, (Monthly Average)	Community Care for Aged and Disabled[4]
JASPER	252	$ 2,552,014	$ 507,059	$ 1,480,297	1,162	218
JEFF DAVIS	0	1,207	10,562	34,306	41	12
JEFFERSON	1,016	11,858,312	2,012,810	11,140,961	5,398	1,432
JIM HOGG	2	28,794	102,875	519,069	333	113
JIM WELLS	256	3,022,619	707,298	3,316,027	1,836	593
JOHNSON	**666**	**7,700,807**	**870,864**	**1,779,336**	**1,674**	**219**
JONES	**290**	**3,401,816**	**368,561**	**719,681**	**673**	**116**
KARNES	**150**	**1,804,797**	**368,109**	**908,186**	**805**	**143**
KAUFMAN	**376**	**3,767,008**	**488,886**	**1,395,294**	**1,171**	**165**
KENDALL	**114**	**1,090,870**	**86,536**	**122,227**	**212**	**6**
KENEDY	0	5,653	2,257	35,360	10	4
KENT	10	98,314	12,783	22,231	31	6
KERR	103	1,082,331	201,628	504,469	473	64
KIMBLE	40	427,394	40,812	143,340	134	85
KING	0	0	0	0	0	1
KINNEY	**0**	**2,116**	**3,515**	**12,667**	**10**	**3**
KLEBERG	**74**	**782,488**	**217,222**	**1,043,551**	**768**	**237**
KNOX	**79**	**772,837**	**128,189**	**202,504**	**239**	**35**
LAMAR	**483**	**4,891,449**	**841,787**	**3,128,244**	**2,037**	**412**
LAMB	**54**	**554,706**	**227,624**	**546,353**	**486**	**97**
LAMPASAS	109	1,107,562	140,408	549,798	360	83
LASALLE	5	68,610	115,507	555,209	360	83
LAVACA	245	2,601,963	475,923	692,872	920	107
LEE	99	999,301	145,555	391,048	368	39
LEON	64	653,914	221,598	782,123	527	143
LIBERTY	**241**	**2,627,440**	**567,721**	**2,422,663**	**1,363**	**346**
LIMESTONE	**248**	**2,723,445**	**345,445**	**1,026,404**	**1,721**	**145**
LIPSCOMB	**5**	**49,393**	**14,126**	**29,486**	**30**	**4**
LIVE OAK	**44**	**441,194**	**98,745**	**278,440**	**235**	**35**
LLANO	**158**	**1,558,251**	**156,604**	**278,002**	**315**	**41**
LOVING	0	0	220	430	0	0
LUBBOCK	755	8,268,780	1,613,024	7,151,912	4,310	807
LYNN	21	215,689	74,085	292,088	208	29
MADISON	79	787,823	128,562	460,072	339	91
MARION	49	539,434	160,062	621,066	502	108
MARTIN	**36**	**366,046**	**52,845**	**98,083**	**109**	**10**
MASON	**38**	**394,158**	**52,184**	**141,339**	**148**	**19**
MATAGORDA	**135**	**1,489,207**	**335,585**	**1,230,648**	**853**	**183**
MAVERICK	**43**	**474,551**	**709,568**	**2,467,831**	**2,000**	**83**
MCCULLOCH	**127**	**1,224,579**	**171,031**	**436,699**	**426**	**71**

Aged and Disabled Benefits by County (continued)

Fiscal Year 1989

County	Nursing Home Private ICF-MR[1] Clients	Nursing Home Private ICF-MR[1] Payments	Prescribed Medicines[2]	Hospitals, Physicians, Laboratory, X-ray and Other Services[3]	Medicaid Eligibles, (Monthly Average)	Community Care for Aged and Disabled[4]
MCLENNAN	1,295	$14,420,128	$ 1,834,154	$ 5,418,823	4,761	1,215
MCMULLEN	0	171	2,721	20,814	12	3
MEDINA	193	2,568,358	398,091	1,323,218	970	136
MENARD	27	285,625	54,646	144,041	123	28
MIDLAND	243	2,752,651	432,645	1,558,448	1,195	165
MILAM	**178**	**1,778,226**	**334,616**	**1,088,235**	**945**	**199**
MILLS	**83**	**849,300**	**80,478**	**189,820**	**261**	**24**
MITCHELL	**108**	**1,045,299**	**155,969**	**272,552**	**344**	**33**
MONTAGUE	**273**	**2,618,669**	**274,609**	**496,423**	**595**	**78**
MONTGOMERY	**375**	**3,756,247**	**791,492**	**2,972,683**	**1,963**	**262**
MOORE	53	468,922	63,598	163,403	158	33
MORRIS	177	1,768,512	256,390	781,270	588	135
MOTLEY	0	3,465	15,201	49,786	53	20
NACOGDOCHES	387	4,196,516	776,174	2,516,346	1,665	216
NAVARRO	367	4,030,012	571,219	1,925,560	1,560	323
NEWTON	**43**	**532,254**	**219,998**	**676,746**	**493**	**141**
NOLAN	**155**	**1,764,996**	**218,415**	**567,577**	**520**	**71**
NUECES	**1,084**	**13,740,008**	**2,531,715**	**11,304,915**	**7,492**	**1,066**
OCHILTREE	**23**	**197,125**	**39,223**	**83,864**	**71**	**6**
OLDHAM	**0**	**0**	**2,096**	**26,230**	**5**	**0**
ORANGE	342	3,648,461	569,898	2,495,033	1,416	294
PALO PINTO	156	1,601,136	271,152	757,113	581	74
PANOLA	149	1,598,730	262,912	836,092	694	171
PARKER	216	2,108,884	290,016	817,501	698	80
PARMER	26	264,108	44,869	155,229	133	14
PECOS	**37**	**368,591**	**96,909**	**211,461**	**284**	**91**
POLK	**197**	**1,945,639**	**424,017**	**1,441,504**	**1,038**	**267**
POTTER	**417**	**4,167,448**	**726,674**	**3,658,750**	**2,110**	**371**
PRESIDIO	**4**	**70,223**	**81,607**	**338,461**	**376**	**83**
RAINS	**41**	**402,909**	**88,631**	**298,678**	**191**	**58**
RANDALL	155	1,363,632	125,352	259,168	267	117
REAGAN	19	167,878	17,866	25,512	46	3
REAL	1	13,658	26,869	77,872	82	6
RED RIVER	226	2,330,465	439,318	1,362,153	1,021	248
REEVES	42	439,862	126,338	459,996	493	79
REFUGIO	**42**	**386,694**	**94,096**	**180,206**	**250**	**19**
ROBERTS	**0**	**0**	**4,747**	**17,034**	**5**	**1**
ROBERTSON	**166**	**1,770,843**	**339,727**	**878,913**	**819**	**125**
ROCKWALL	**100**	**854,315**	**125,136**	**336,199**	**255**	**19**
RUNNELS	**92**	**906,040**	**159,356**	**386,684**	**394**	**67**

Aged and Disabled Benefits by County (continued)

Fiscal Year 1989

County	Nursing Home Private ICF-MR[1] Clients	Nursing Home Private ICF-MR[1] Payments	Prescribed Medicines[2]	Hospitals, Physicians, Laboratory, X-ray and Other Services[3]	Medicaid Eligibles, (Monthly Average)	Community Care for Aged and Disabled[4]
RUSK	363	$ 3,725,423	$ 561,228	$ 1,387,725	1,310	256
SABINE	68	688,857	170,395	533,314	388	93
SAN AUGUSTINE	186	2,177,856	279,856	767,515	641	133
SAN JACINTO	2	34,553	173,224	835,942	447	161
SAN PATRICIO	171	1,725,724	631,247	2,997,328	1,711	488
SAN SABA	**79**	**799,845**	**113,567**	**307,031**	**292**	**53**
SCHLEICHER	**19**	**180,159**	**25,376**	**112,297**	**83**	**23**
SCURRY	**87**	**809,760**	**147,835**	**235,193**	**361**	**35**
SHACKELFORD	**38**	**328,601**	**37,606**	**62,813**	**79**	**10**
SHELBY	**205**	**2,217,178**	**543,463**	**1,590,780**	**1,253**	**234**
SHERMAN	18	148,080	13,828	4,371	25	7
SMITH	810	8,283,361	1,346,636	4,255,916	3,499	624
SOMERVELL	34	380,955	65,332	149,832	119	29
STARR	66	815,159	708,929	2,450,076	2,037	320
STEPHENS	85	817,002	121,660	369,316	251	72
STERLING	**7**	**67,643**	**6,850**	**14,728**	**20**	**1**
STONEWALL	**33**	**345,198**	**28,833**	**95,585**	**66**	**6**
SUTTON	**19**	**192,939**	**34,188**	**121,088**	**97**	**32**
SWISHER	**9**	**88,370**	**56,339**	**239,105**	**166**	**59**
TARRANT	**3,488**	**36,455,877**	**5,024,414**	**17,351,349**	**13,222**	**1,456**
TAYLOR	488	5,212,944	900,254	2,592,930	2,962	592
TERRELL	0	921	8,311	26,141	31	16
TERRY	74	712,797	167,713	651,845	396	56
THROCKMORTON	22	221,535	21,693	41,799	56	14
TITUS	266	2,846,578	495,807	1,063,425	863	139
TOM GREEN	**503**	**5,539,973**	**633,228**	**3,051,459**	**2,385**	**370**
TRAVIS	**1,559**	**18,715,330**	**2,519,011**	**12,959,550**	**8,706**	**1,380**
TRINITY	**78**	**707,522**	**240,620**	**630,870**	**489**	**84**
TYLER	**118**	**1,202,663**	**219,544**	**781,847**	**571**	**114**
UPSHUR	**177**	**1,739,794**	**401,746**	**1,469,393**	**887**	**242**
UPTON	14	133,757	23,943	51,781	70	12
UVALDE	135	1,637,860	298,328	924,621	804	87
VAL VERDE	94	1,042,323	432,100	1,432,897	1,460	128
VAN ZANDT	430	4,755,816	495,881	1,110,857	1,122	157
VICTORIA	333	3,490,328	627,809	2,146,446	1,664	157
WALKER	**129**	**1,321,334**	**430,356**	**1,437,343**	**840**	**152**
WALLER	**115**	**1,087,602**	**183,244**	**852,576**	**456**	**117**
WARD	**24**	**254,126**	**72,208**	**164,075**	**224**	**51**
WASHINGTON	**195**	**2,047,822**	**304,632**	**881,237**	**1,361**	**134**
WEBB	**253**	**3,051,473**	**1,741,838**	**7,675,527**	**5,581**	**944**

Aged and Disabled Benefits by County (continued)

Fiscal Year 1989

County	Nursing Home Private ICF-MR[1] Clients	Nursing Home Private ICF-MR[1] Payments	Prescribed Medicines[2]	Hospitals, Physicians, Laboratory, X-ray and Other Services[3]	Medicaid Eligibles, (Monthly Average)	Community Care for Aged and Disabled[4]
WHARTON	250	$ 2,510,799	$ 468,400	$ 1,728,521	1,367	244
WHEELER	86	820,275	108,280	280,944	232	52
WICHITA	795	8,255,105	1,163,926	3,074,546	2,450	616
WILBARGER	164	1,704,189	205,425	578,278	477	128
WILLACY	52	645,765	361,752	1,170,410	1,045	96
WILLIAMSON	**480**	**5,142,428**	**653,567**	**2,244,188**	**1,706**	**248**
WILSON	**97**	**987,452**	**276,697**	**960,345**	**647**	**160**
WINKLER	**46**	**493,113**	**52,787**	**197,982**	**165**	**9**
WISE	**174**	**1,631,721**	**237,301**	**731,965**	**529**	**113**
WOOD	**388**	**3,774,383**	**441,261**	**1,205,749**	**1,018**	**188**
YOAKUM	28	287,921	36,544	145,224	103	4
YOUNG	247	2,556,326	236,425	435,975	553	68
ZAPATA	1	7,710	116,970	607,349	360	120
ZAVALA	3	32,623	208,783	736,854	691	109
GRAND TOTALS	**59,697**	**$647,728,628**	**$120,348,195**	**$473,228,368**	**334,431**	**55,835**

[1] Average daily number of clients served. ICF-MR (Intermediate Care Facility for Mentally Retarded) is $88,732,390 of the payment total.

[2] Excludes administrative costs.

[3] Includes payments on behalf of clients by the health insuring contractor and does not necessarily equal the premium paid. Other services include medical screening, dental treatment, anesthesia, ambulance, chiropractors, hearing aids, rural health, home health, sterilizations, primary home care, optical, podiatrist and comprehensive health centers. Excluded are goal-directed therapy, $265,130; medical transportation, $3,963,680; and $83,226,757 for payment of supplemental medical insurance premiums.

[4] Monthly average unduplicated number of clients served. Community Care includes primary home care, family care, congregate and home-delivered meals, day activity and health services, alternate living plans and case management.

Families and Children Benefits by County
Fiscal Year 1989

County	Prescribed Medicines[1]	Hospitals, Physicians, Laboratory, X-ray and Other Services[2]	Medicaid Eligibles (Monthly Average)	Protective Services for Children[3]	Children in Day Care Purchased by DHS[4]	Regulated Child-care Facilities[5]	
						Day Care (Part Time)	24-hour (Full Time)
ANDERSON	$ 76,944	$ 1,481,640	1,375	159	18	31	8
ANDREWS	29,754	515,864	493	42	5	13	1
ANGELINA	163,775	2,231,415	2,663	162	98	47	20
ARANSAS	67,933	1,091,158	838	263	9	6	3
ARCHER	2,603	37,516	45	29	2	13	2
ARMSTRONG	**823**	**12,086**	**22**	**12**	**3**	**0**	**1**
ATASCOSA	**163,387**	**2,091,042**	**2,073**	**108**	**72**	**15**	**1**
AUSTIN	**42,778**	**392,888**	**508**	**65**	**3**	**23**	**5**
BAILEY	**10,567**	**267,897**	**170**	**72**	**0**	**15**	**6**
BANDERA	**15,044**	**198,861**	**184**	**21**	**1**	**5**	**2**
BASTROP	89,159	1,225,861	1,446	249	3	59	13
BAYLOR	5,966	148,693	107	32	0	7	2
BEE	110,771	1,932,324	1,814	138	9	36	9
BELL	274,038	5,315,467	6,008	912	190	253	70
BEXAR	4,467,123	62,135,581	64,726	7,241	1,979	1,639	275
BLANCO	**2,593**	**57,828**	**75**	**8**	**0**	**8**	**1**
BORDEN	**169**	**187**	**1**	**6**	**0**	**0**	**0**
BOSQUE	**16,166**	**263,945**	**287**	**32**	**0**	**26**	**3**
BOWIE	**258,822**	**2,999,412**	**3,942**	**343**	**120**	**89**	**31**
BRAZORIA	**187,828**	**3,459,161**	**3,178**	**899**	**63**	**231**	**32**
BRAZOS	158,994	2,727,408	2,731	266	29	203	23
BREWSTER	12,682	188,434	295	36	1	9	0
BRISCOE	4,483	79,434	93	2	3	1	1
BROOKS	96,929	905,598	1,080	38	0	6	1
BROWN	98,633	1,501,909	1,250	243	50	56	8
BURLESON	**43,948**	**436,681**	**733**	**42**	**2**	**12**	**4**
BURNET	**54,146**	**789,314**	**708**	**206**	**0**	**22**	**6**
CALDWELL	**87,611**	**1,155,015**	**1,258**	**75**	**1**	**24**	**8**
CALHOUN	**80,201**	**1,097,241**	**934**	**192**	**31**	**25**	**3**
CALLAHAN	**21,845**	**424,861**	**303**	**45**	**3**	**20**	**2**
CAMERON	1,342,061	18,646,372	20,436	798	210	156	56
CAMP	33,829	495,850	419	65	0	12	6
CARSON	1,877	84,536	44	48	0	13	3
CASS	89,236	1,176,952	1,516	114	2	20	8
CASTRO	29,478	535,928	509	108	0	7	4
CHAMBERS	**47,811**	**550,211**	**563**	**60**	**0**	**11**	**1**
CHEROKEE	**115,464**	**1,387,940**	**1,589**	**242**	**25**	**47**	**7**
CHILDRESS	**9,931**	**188,617**	**244**	**27**	**0**	**8**	**4**
CLAY	**5,693**	**144,309**	**85**	**14**	**1**	**17**	**4**
COCHRAN	**15,442**	**328,694**	**174**	**12**	**0**	**0**	**2**

Families and Children Benefits by County (continued)

Fiscal Year 1989

County	Prescribed Medicines[1]	Hospitals, Physicians, Laboratory, X-ray and Other Services[2]	Medicaid Eligibles (Monthly Average)	Protective Services for Children[3]	Children in Day Care Purchased by DHS[4]	Regulated Child-care Facilities[5]	
						Day Care (Part Time)	24-hour (Full Time)
COKE	$ 2,412	$ 40,276	49	26	0	2	0
COLEMAN	20,196	303,774	295	80	1	14	2
COLLIN	184,682	2,672,764	2,517	748	6	362	42
COLLINGSWORTH	7,806	73,104	100	42	0	2	0
COLORADO	52,066	482,991	708	141	3	28	1
COMAL	**45,580**	**1,023,766**	**877**	**210**	**2**	**58**	**12**
COMANCHE	**22,264**	**499,982**	**281**	**17**	**0**	**20**	**2**
CONCHO	**6,283**	**72,649**	**59**	**26**	**0**	**6**	**0**
COOKE	**49,468**	**610,561**	**682**	**230**	**3**	**33**	**9**
CORYELL	**55,262**	**845,740**	**1,042**	**371**	**21**	**98**	**11**
COTTLE	3,400	48,447	95	9	1	2	0
CRANE	2,753	92,503	64	24	0	7	0
CROCKETT	6,156	145,167	158	33	0	2	0
CROSBY	25,791	622,029	521	57	0	11	9
CULBERSON	4,798	119,673	134	26	0	1	0
DALLAM	**14,772**	**298,924**	**225**	**72**	**21**	**18**	**4**
DALLAS	**2,124,402**	**32,694,696**	**45,946**	**7,980**	**1,382**	**2,240**	**511**
DAWSON	**50,193**	**699,392**	**879**	**77**	**26**	**11**	**1**
DEAF SMITH	**61,774**	**1,264,617**	**1,272**	**108**	**25**	**21**	**5**
DELTA	**13,559**	**207,592**	**189**	**20**	**3**	**4**	**1**
DENTON	111,397	2,233,832	1,800	637	56	402	54
DEWITT	99,836	1,042,385	1,112	225	5	16	4
DICKENS	7,413	155,117	111	38	21	1	1
DIMMIT	72,786	1,003,166	1,229	47	40	6	2
DONLEY	10,472	135,399	145	20	3	7	0
DUVAL	**114,796**	**1,463,978**	**1,403**	**56**	**1**	**4**	**0**
EASTLAND	**32,098**	**509,990**	**465**	**44**	**4**	**30**	**10**
ECTOR	**240,251**	**5,115,888**	**5,391**	**585**	**75**	**126**	**33**
EDWARDS	**2,882**	**116,866**	**81**	**29**	**0**	**0**	**0**
ELLIS	**94,411**	**1,582,173**	**1,976**	**319**	**16**	**102**	**25**
EL PASO	1,176,548	24,746,073	26,444	2,927	1,406	519	134
ERATH	41,628	736,156	508	111	2	27	18
FALLS	43,166	705,280	969	75	116	12	5
FANNIN	47,434	679,041	671	114	0	20	4
FAYETTE	29,606	343,718	398	15	0	34	1
FISHER	**8,201**	**144,523**	**130**	**66**	**0**	**4**	**2**
FLOYD	**35,980**	**642,581**	**494**	**27**	**5**	**9**	**4**
FOARD	**1,956**	**53,141**	**39**	**21**	**7**	**1**	**2**
FORT BEND	**229,477**	**3,859,675**	**4,062**	**879**	**32**	**253**	**54**
FRANKLIN	**17,518**	**187,878**	**142**	**63**	**1**	**7**	**1**

Families and Children Benefits by County (continued)

Fiscal Year 1989

County	Prescribed Medicines[1]	Hospitals, Physicians, Laboratory, X-ray and Other Services[2]	Medicaid Eligibles (Monthly Average)	Protective Services for Children[3]	Children in Day Care Purchased by DHS[4]	Regulated Child-care Facilities[5]	
						Day Care (Part Time)	24-hour (Full Time)
FREESTONE	$ 25,654	$ 239,683	379	63	0	23	5
FRIO	98,950	1,160,315	1,360	27	3	9	0
GAINES	35,692	656,295	611	90	1	10	1
GALVESTON	202,412	6,779,872	7,646	1,751	274	300	40
GARZA	18,143	273,534	260	32	0	3	0
GILLESPIE	**8,620**	**211,602**	**209**	**12**	**0**	**29**	**1**
GLASSCOCK	**88**	**1,739**	**5**	**0**	**0**	**0**	**0**
GOLIAD	**27,403**	**280,798**	**297**	**15**	**0**	**7**	**2**
GONZALES	**66,038**	**902,687**	**1,151**	**105**	**3**	**16**	**6**
GRAY	**27,367**	**537,866**	**558**	**147**	**64**	**22**	**13**
GRAYSON	129,205	2,147,844	2,126	343	48	108	19
GREGG	259,621	3,884,972	4,162	975	115	131	41
GRIMES	61,459	674,944	966	65	34	29	2
GUADALUPE	143,713	1,823,804	2,052	401	70	62	15
HALE	68,222	1,576,303	1,557	198	86	45	13
HALL	**6,217**	**115,277**	**179**	**57**	**4**	**3**	**0**
HAMILTON	**11,674**	**241,842**	**141**	**26**	**0**	**21**	**0**
HANSFORD	**2,229**	**49,196**	**61**	**17**	**0**	**6**	**4**
HARDEMAN	**10,235**	**120,429**	**152**	**24**	**13**	**8**	**1**
HARDIN	**160,764**	**2,127,647**	**1,721**	**110**	**7**	**28**	**5**
HARRIS	6,762,206	93,804,921	114,766	17,941	3,015	3,530	618
HARRISON	213,367	2,071,101	3,024	365	54	49	22
HARTLEY	17	15,633	3	5	3	4	2
HASKELL	14,918	244,551	233	26	1	8	1
HAYS	116,853	2,260,810	1,839	240	54	74	29
HEMPHILL	**386**	**32,162**	**7**	**33**	**3**	**4**	**3**
HENDERSON	**119,571**	**1,480,920**	**1,616**	**246**	**30**	**41**	**8**
HIDALGO	**2,514,474**	**34,323,099**	**33,643**	**1,237**	**420**	**671**	**51**
HILL	**79,218**	**991,014**	**1,068**	**81**	**9**	**35**	**3**
HOCKLEY	**53,017**	**1,225,574**	**983**	**183**	**60**	**27**	**7**
HOOD	17,572	424,788	261	119	6	22	4
HOPKINS	38,408	716,754	506	149	15	33	19
HOUSTON	127,287	1,203,681	1,595	83	88	15	5
HOWARD	104,627	1,664,680	1,654	93	46	24	5
HUDSPETH	4,994	81,349	146	3	4	0	0
HUNT	**120,866**	**1,742,092**	**2,112**	**395**	**74**	**79**	**10**
HUTCHINSON	**19,073**	**606,901**	**455**	**92**	**27**	**20**	**15**
IRION	**2,919**	**32,018**	**33**	**12**	**1**	**0**	**1**
JACK	**14,056**	**187,439**	**162**	**6**	**0**	**8**	**1**
JACKSON	**70,033**	**625,815**	**725**	**99**	**5**	**21**	**3**

Families and Children Benefits by County (continued)

Fiscal Year 1989

County	Prescribed Medicines[1]	Hospitals, Physicians, Laboratory, X-ray and Other Services[2]	Medicaid Eligibles (Monthly Average)	Protective Services for Children[3]	Children in Day Care Purchased by DHS[4]	Regulated Child-care Facilities[5]	
						Day Care (Part Time)	24-hour (Full Time)
JASPER	$ 190,817	$ 1,799,827	2,103	222	5	10	7
JEFF DAVIS	5,198	40,132	73	39	0	0	1
JEFFERSON	958,648	16,841,532	14,885	1,318	340	262	77
JIM HOGG	19,629	388,317	346	0	1	5	0
JIM WELLS	270,852	3,712,053	3,082	116	5	34	9
JOHNSON	**178,007**	**2,412,420**	**2,217**	**580**	**23**	**77**	**28**
JONES	**52,278**	**779,830**	**657**	**62**	**40**	**23**	**7**
KARNES	**81,532**	**832,695**	**1,096**	**86**	**0**	**13**	**3**
KAUFMAN	**69,119**	**1,277,542**	**1,411**	**298**	**31**	**61**	**17**
KENDALL	**8,080**	**174,704**	**198**	**57**	**2**	**21**	**8**
KENEDY	171	10,565	7	8	0	0	0
KENT	989	9,973	13	11	0	1	1
KERR	60,869	1,272,748	1,063	119	40	36	12
KIMBLE	9,935	166,209	144	62	0	7	0
KING	0	13	1	0	0	0	0
KINNEY	**6,486**	**108,374**	**126**	**8**	**1**	**1**	**1**
KLEBERG	**225,698**	**2,977,073**	**2,784**	**143**	**14**	**11**	**5**
KNOX	**13,750**	**145,138**	**299**	**11**	**1**	**5**	**2**
LAMAR	**104,387**	**1,564,986**	**1,818**	**308**	**68**	**45**	**12**
LAMB	**74,471**	**867,676**	**826**	**149**	**9**	**9**	**8**
LAMPASAS	43,262	563,656	565	144	17	23	9
LASALLE	40,232	387,071	469	48	0	8	0
LAVACA	46,254	384,314	430	107	1	58	3
LEE	16,295	222,469	289	53	1	24	4
LEON	22,995	307,361	454	59	0	12	2
LIBERTY	**222,656**	**3,075,565**	**2,749**	**340**	**0**	**25**	**16**
LIMESTONE	**72,935**	**775,371**	**927**	**149**	**0**	**14**	**5**
LIPSCOMB	**565**	**30,984**	**19**	**21**	**0**	**4**	**3**
LIVE OAK	**26,161**	**297,615**	**368**	**17**	**1**	**5**	**0**
LLANO	**10,142**	**140,014**	**159**	**50**	**0**	**14**	**0**
LOVING	0	0	0	0	0	0	0
LUBBOCK	542,612	12,328,817	9,079	1,851	494	463	91
LYNN	24,773	428,759	366	41	9	11	1
MADISON	38,086	431,569	570	72	0	10	1
MARION	43,327	506,545	769	68	0	4	4
MARTIN	**8,358**	**134,500**	**162**	**6**	**3**	**3**	**0**
MASON	**4,745**	**74,007**	**89**	**0**	**0**	**4**	**0**
MATAGORDA	**95,872**	**1,418,313**	**1,937**	**313**	**40**	**33**	**8**
MAVERICK	**207,331**	**2,981,140**	**2,544**	**146**	**67**	**14**	**4**
MCCULLOCH	**29,494**	**344,822**	**346**	**12**	**2**	**9**	**0**

Families and Children Benefits by County (continued)

Fiscal Year 1989

County	Prescribed Medicines[1]	Hospitals, Physicians, Laboratory, X-ray and Other Services[2]	Medicaid Eligibles (Monthly Average)	Protective Services for Children[3]	Children in Day Care Purchased by DHS[4]	Regulated Child-care Facilities[5]	
						Day Care (Part Time)	24-hour (Full Time)
MCLENNAN	$ 339,566	$ 5,813,987	7,561	1,238	143	260	81
MCMULLEN	609	7,653	8	2	0	0	0
MEDINA	69,237	1,171,679	1,393	138	11	35	5
MENARD	5,464	50,663	80	9	0	2	1
MIDLAND	170,730	3,128,985	3,027	349	84	127	26
MILAM	**60,182**	**746,679**	**1,132**	**128**	**42**	**24**	**7**
MILLS	**3,696**	**109,165**	**115**	**84**	**1**	**6**	**8**
MITCHELL	**17,569**	**334,015**	**275**	**95**	**23**	**5**	**1**
MONTAGUE	**19,786**	**531,123**	**338**	**14**	**2**	**32**	**1**
MONTGOMERY	**291,985**	**5,391,017**	**4,704**	**606**	**61**	**132**	**23**
MOORE	19,610	381,396	343	93	38	21	5
MORRIS	59,938	573,796	675	132	3	9	7
MOTLEY	2,488	28,288	30	15	0	0	0
NACOGDOCHES	117,816	1,982,055	2,230	245	66	42	14
NAVARRO	59,781	1,243,799	1,587	281	23	53	8
NEWTON	**78,788**	**731,723**	**856**	**60**	**4**	**3**	**5**
NOLAN	**53,231**	**789,418**	**799**	**134**	**23**	**20**	**5**
NUECES	**1,322,897**	**18,722,586**	**16,560**	**1,008**	**657**	**282**	**89**
OCHILTREE	**6,210**	**110,433**	**115**	**80**	**20**	**10**	**1**
OLDHAM	**108**	**31,473**	**24**	**24**	**1**	**3**	**4**
ORANGE	262,918	4,439,516	3,516	349	68	82	23
PALO PINTO	80,937	1,196,636	1,057	329	9	18	10
PANOLA	48,580	586,961	808	99	7	11	5
PARKER	90,769	1,450,158	1,124	249	5	40	22
PARMER	13,094	236,530	247	41	0	10	5
PECOS	**33,962**	**656,038**	**716**	**95**	**17**	**9**	**0**
POLK	**86,228**	**1,323,701**	**1,333**	**140**	**17**	**16**	**11**
POTTER	**226,502**	**6,630,318**	**5,302**	**1,056**	**228**	**148**	**50**
PRESIDIO	**16,629**	**300,923**	**461**	**20**	**1**	**3**	**1**
RAINS	**10,426**	**205,036**	**127**	**41**	**0**	**3**	**4**
RANDALL	33,657	1,117,581	663	257	56	218	26
REAGAN	1,446	90,765	45	35	1	7	1
REAL	4,515	79,999	90	11	0	3	0
RED RIVER	43,677	514,117	623	101	23	8	4
REEVES	34,378	755,620	892	86	8	5	4
REFUGIO	**32,758**	**428,194**	**468**	**32**	**0**	**3**	**0**
ROBERTS	**236**	**5,162**	**6**	**2**	**0**	**0**	**0**
ROBERTSON	**99,287**	**786,419**	**1,270**	**45**	**21**	**14**	**1**
ROCKWALL	**14,055**	**222,096**	**169**	**33**	**0**	**34**	**6**
RUNNELS	**25,112**	**338,738**	**342**	**153**	**1**	**24**	**2**

Families and Children Benefits by County (continued)

Fiscal Year 1989

County	Prescribed Medicines[1]	Hospitals, Physicians, Laboratory, X-ray and Other Services[2]	Medicaid Eligibles (Monthly Average)	Protective Services for Children[3]	Children in Day Care Purchased by DHS[4]	Regulated Child-care Facilities[5]	
						Day Care (Part Time)	24-hour (Full Time)
RUSK	$ 117,738	$ 1,490,771	1,843	204	40	39	6
SABINE	31,763	285,525	401	87	0	4	2
SAN AUGUSTINE	32,676	398,711	556	39	0	2	4
SAN JACINTO	77,248	1,016,350	874	78	1	2	7
SAN PATRICIO	375,809	4,963,466	4,423	261	43	56	0
SAN SABA	**16,623**	**178,336**	**166**	**23**	**0**	**11**	**0**
SCHLEICHER	**3,111**	**89,259**	**82**	**8**	**0**	**4**	**0**
SCURRY	**29,664**	**488,584**	**570**	**89**	**35**	**19**	**9**
SHACKELFORD	**3,560**	**103,034**	**76**	**20**	**1**	**4**	**0**
SHELBY	**126,969**	**1,356,199**	**1,513**	**119**	**33**	**8**	**5**
SHERMAN	104	17,832	5	18	1	3	0
SMITH	295,250	4,755,180	4,940	672	71	175	24
SOMERVELL	8,286	78,939	88	2	2	9	3
STARR	213,175	2,712,200	2,980	107	55	24	0
STEPHENS	18,904	437,722	252	60	32	16	5
STERLING	**1,549**	**26,406**	**32**	**6**	**0**	**0**	**1**
STONEWALL	**4,187**	**96,945**	**53**	**11**	**2**	**0**	**0**
SUTTON	**4,512**	**90,846**	**69**	**18**	**0**	**4**	**0**
SWISHER	**20,512**	**307,484**	**448**	**110**	**36**	**5**	**0**
TARRANT	**922,667**	**20,312,267**	**20,965**	**3,940**	**560**	**1,420**	**274**
TAYLOR	169,283	3,616,534	2,959	637	147	212	56
TERRELL	1,225	31,393	28	3	0	0	0
TERRY	66,498	1,123,586	1,007	50	24	12	4
THROCKMORTON	2,073	53,659	30	0	0	4	0
TITUS	53,972	666,418	594	159	5	26	4
TOM GREEN	**186,116**	**4,233,320**	**3,327**	**506**	**79**	**146**	**31**
TRAVIS	**967,188**	**18,062,453**	**16,622**	**2,060**	**669**	**1,023**	**147**
TRINITY	**70,394**	**520,284**	**626**	**45**	**1**	**5**	**2**
TYLER	**42,095**	**571,024**	**612**	**53**	**0**	**6**	**5**
UPSHUR	**76,463**	**976,513**	**1,067**	**347**	**16**	**18**	**15**
UPTON	6,571	62,301	94	9	0	5	0
UVALDE	104,600	1,554,528	1,690	271	113	19	7
VAL VERDE	178,108	2,143,322	2,874	113	76	16	3
VAN ZANDT	53,089	841,128	668	128	6	26	12
VICTORIA	285,795	4,506,211	3,602	469	101	124	21
WALKER	**102,821**	**1,234,555**	**1,664**	**84**	**3**	**32**	**7**
WALLER	**56,159**	**861,402**	**987**	**165**	**17**	**39**	**0**
WARD	**19,467**	**399,702**	**390**	**108**	**0**	**15**	**2**
WASHINGTON	**55,843**	**540,095**	**911**	**75**	**17**	**40**	**9**
WEBB	**734,559**	**12,193,860**	**9,657**	**278**	**171**	**123**	**12**

Families and Children Benefits by County (continued)

Fiscal Year 1989

County	Prescribed Medicines[1]	Hospitals, Physicians, Laboratory, X-ray and Other Services[2]	Medicaid Eligibles (Monthly Average)	Protective Services for Children[3]	Children in Day Care Purchased by DHS[4]	Regulated Child-care Facilities[5]	
						Day Care (Part Time)	24-hour (Full Time)
WHARTON	$ 103,014	$ 1,501,227	1,873	138	0	45	23
WHEELER	8,280	117,508	153	66	3	4	3
WICHITA	254,647	3,325,831	3,444	469	184	253	45
WILBARGER	27,743	290,361	404	95	17	25	4
WILLACY	146,130	1,539,779	1,587	42	3	47	2
WILLIAMSON	**105,458**	**2,127,103**	**1,951**	**603**	**30**	**287**	**46**
WILSON	**62,717**	**908,852**	**841**	**209**	**10**	**31**	**7**
WINKLER	**7,641**	**177,562**	**214**	**29**	**0**	**2**	**6**
WISE	**31,021**	**576,672**	**504**	**182**	**3**	**23**	**7**
WOOD	**52,813**	**724,718**	**672**	**107**	**1**	**22**	**7**
YOAKUM	12,814	229,744	215	29	11	4	1
YOUNG	31,396	505,981	462	47	3	31	3
ZAPATA	39,176	778,941	623	0	21	5	0
ZAVALA	105,840	1,245,706	1,502	60	10	6	0
GRAND TOTALS	**$39,476,765**	**$605,629,057**	**639,657**	**84,379**	**16,391**	**20,792**	**4,221**

[1] Excludes administrative costs.

[2] Other services include medical screening, dental treatment, anesthesia, ambulance, chiropractors, hearing aids, home health, sterilizations, primary home care, optical, podiatrist and comprehensive health centers. Non-emergency medical transportation is excluded.

[3] Annual unduplicated number of clients served.

[4] Average daily full-time equivalent clients served, including clients served with local funds.

[5] Includes facilities licensed, registered or certified by DHS as of Aug. 31, 1989. Does not include adoptive homes and some day-care facilities which are in the regulatory process but not yet licensed.

Regulation of Day-care Facilities by Region
Fiscal Year 1989

Region	1/2	3/12	4	5	6	7	8	9	10	11	Total
Provisional applications accepted	54	104	64	270	191	87	99	107	43	251	1,270
Provisional licenses issued	43	73	64	241	158	80	80	109	43	224	1,115
Provisional licenses denied	0	2	0	0	2	0	3	1	0	4	12
Provisional licenses revoked	0	0	0	0	0	0	0	0	0	0	0
Applications for subsequent licenses	1	2	4	8	5	0	0	0	2	8	30
Licenses issued	46	53	54	210	127	51	59	86	24	198	908
Licenses denied	0	0	0	0	0	0	0	0	0	0	0
Licenses revoked	1	1	0	2	1	0	1	3	0	5	14
Initial requests to register granted	232	131	227	1,123	511	142	462	374	48	979	4,229
Requests to register denied	2	0	2	1	2	0	2	0	0	1	10
Subsequent requests to register granted	12	3	9	60	32	5	20	27	3	83	254
Registrations revoked	6	0	1	13	4	0	1	0	0	1	26
State-operated facilities certified	0	0	1	4	0	1	1	1	4	6	18
Certifications revoked	0	0	0	0	0	0	0	0	0	0	0
Injunctions	1	1	0	2	3	1	0	0	0	2	10
Complaint investigations	441	264	331	1,902	1,058	263	306	689	167	1,251	6,672
License suspended	3	0	0	1	1	1	2	1	1	3	13
Probations	1	1	2	3	3	1	0	2	0	9	22

Regulation of 24-hour Care Facilities by Region
Fiscal Year 1989

Region	1/2	3/12	4	5	6	7	8	9	10	11	Total
Provisional applications accepted	0	2	2	30	20	4	9	8	0	11	86
Provisional licenses issued	0	0	3	47	18	4	7	11	1	9	100
Provisional licenses denied	0	0	0	0	0	0	0	0	0	0	0
Provisional licenses revoked	0	0	0	0	0	0	0	0	0	0	0
Applications for subsequent licenses	1	0	0	0	1	0	1	0	0	1	4
Licenses issued	31	19	21	265	150	32	28	73	10	202	831
Licenses denied	0	0	0	0	0	0	0	0	0	0	0
Licenses revoked	0	0	0	1	0	1	0	0	0	0	2
State-operated facilities certified	1	1	0	4	4	0	1	1	3	5	20
Certifications revoked	0	0	0	0	0	0	0	0	0	0	0
Agency foster homes verified	282	238	246	1,090	573	292	283	289	190	825	4,308
Injunctions	0	0	0	0	0	0	4	0	0	0	4
Complaints investigated	104	48	57	210	151	37	70	78	26	104	885
License suspended	0	0	0	0	0	0	0	0	0	0	0
Probations	0	0	0	1	1	0	0	1	0	0	3

Licensed, Certified and Registered Child-care Facilities by Number, Capacity and Percent Change
Fiscal Year 1989

Type of Facility	Number of Facilities/Capacity Sept. 1, 1988	Aug. 31, 1989	Percent Change in number and Capacity
Day care			
Day-care centers	5,557/435,854	5,654/449,257	1.75/3.08
Kindergarten/Nursery schools	610/38,267	546/33,772	−10.49/−11.75
Schools/Kindergarten and above	132/8,222	117/7,355	−11.36/−10.54
Group day-care homes	703/7,529	733/8,346	4.27/10.85
Total Licensed/Certified facilities	7,002/489,872	7,050/498,730	0.69/1.81
Total registered family homes	14,022/84,132	14,350/86,100	2.34/2.34
Total day-care facilities	21,024/574,004	21,400/584,830	1.79/1.89
Residential child care			
Institutions providing basic child care	79/4,885	83/4,899	5.06/0.29
Institutions serving mentally retarded children	10/316	10/299	0.00/−5.38
Emergency shelters	40/810	49/1,119	22.50/38.15
Halfway houses	3/52	2/30	−33.33/−42.31
Residential treatment centers	60/2,792	65/3,144	8.33/12.61
Therapeutic camps	8/299	7/292	−12.50/−2.34
Foster group homes	28/288	31/276	10.71/−4.17
Foster family homes	46/135	48/139	4.35/2.96
Child-placing agencies (residential care and adoption)	129/NA	148/NA	14.73/NA
Agency foster group homes	35/344	35/336	0.00/-2.33
Agency homes	4,147/11,620	4,273/11,973	3.04/3.04
Total residential child-care facilities	4,585/21,541	4,751/22,507	3.62/4.48
Grand Total	25,609/595,545	26,151/607,337	2.12/1.98

Licensing Staff by Function
Fiscal Year 1989

Positions	Sept. 1, 1988	Aug. 31, 1989
Regional day care	255	254
Residential child care	38	39
State agency certification specialists	4	3
Other state office	20	20
Total	**317**	**316**

Social Work Certification Activities
Fiscal Year 1989

	Sept. 1, 1988	Aug. 31, 1989
New certifications granted	**1,460**	**1,189**
Social Work Associate	157	148
Social Worker	427	281
Certified Social Worker	550	464
Advanced Clinical Practitioner*	326	296
Recertifications granted	**7,536**	**8,667**
Social Work Associate	1,356	1,072
Social Worker	1,733	2,049
Certified Social Worker	2,939	3,380
Advanced Clinical Practitioner*	1,508	2,166
Complaints investigated	16	19
Applicants for certification denied	20	12
Certifications revoked	0	0
Certifications probated	0	0
Certifications suspended	0	58
Social workers currently certified	**8,996**	**9,856**

*** Certification of Recognition—Only Certified Social Workers are eligible to apply.**

Administrators' Licensing Activities
Fiscal Year 1989

	Sept. 1, 1988	Aug. 31, 1989
New licenses granted	103	120
Biennial licenses renewed	281	233
Currently licensed	269	322
Total licensed	**653**	**675**
Applications denied	3	6
Licenses revoked	0	0
Licenses probated	0	6
Licenses suspended	0	3
Complaints investigated	**2**	**2**